WITH UNFADING INK. Supply every item of information carefully. The comportant. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
MR. THOMAS BALDWIN	209-10-6505
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH MARCH 14 19 46 at 2: 15 Am
B.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  FEB 29 /872	and that I last saw he callye on Manager 1945 9  Immediate cause of death
8. AGE: Years Months Days It less than one day 74 0 15	Due to
12. Name Sarrison Bollowing 12. Name Columbia Glorgia  14. Maiden name Elizabeth Bradley  15. Birthplace Birmingham Alahama	(Include pregnancy within 3 months of death)  Major findings of operations.
18. Informant CUMBERLAND, IND.  17. Durial (Burlal, cremation, or remoye). Which?)  18. Durial (Burlal, cremation, or remoye). Which?)  19. Cemetery or crematory. Which?)  19. Coatlon Meyershale, fearna	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director desept 7. Reich  Address Meyershale Renna.  19. March 14, 19.46 Jao L. Hauphin M. L.  (Date rec'd by registrar)  Registrar	23. SIGNATURE RM CHEATRE M. D. or other Address 49 Emercel & Date signed 3-19-46

MAR 20 1946 BUREAU V. B.

plan Mo. 47	) 1 APR - !	7 1770	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEA County Allega	TH: All a -	1349	2. USUAL RESIDENCE (HOME) OF DE (For newborn infants give residence of moth	ECEASED:
County	erland Ma	errl and	state Maryland county	
City or town(If ou	tside city or town lim	ryland its, write RURAL and give nearest town)	Comb last and	
How long in above place o	of death?		City or town (If outside city or town limits, wr)	te RURAL and give nearest town)
Hospital, Institution, or Alle	gany Hospi	tal	Street No. 204 Pear Street	***************************************
How long in hospital or	Institution2 S	ix hours	2.(a) If veteran, name war	ATION)
3. (a) FULL NAME				(b) Social Security Number
			3	705-05-8175
Mr. Ric	hard Marsh	all Barnard  6.(a) Single, married, widowed, or divorced	MEDICAL CERT	
.,,	J. COIDT OF TACE			
Male	White	Widowed	20. DATE OF DEATH March 20	19 46 at 1:10A.
T. Birth date of deceased (mo., day, yr	July 25,	May Taylor	Immediate carse of death	10 3/20/46 10 146 DURATION
58	7	25hrs	nin.	2000-000
9. Birthplace Mar	yland (Town, co	ounty, and state)	Due to Chance ast	cua.
10. Usual occupation	1 1 0 22 12			
11. Industry or business			Due to	b
			Dither conditions.	
12. Name	Maryland			
	Emmo Coh	er	(Include pregnancy within 8 mont	hs of death)
14. Maiden name	Mary.		Major fiadiags of operations	
≥ 15. Birthplace				Date of op.
16. Informant	Miss Jean		Autopsy results	3 at 4 -13 b. d 1 - 4 - 4 - 4
Address	204 Pear S	St., Cumberland, Md.	PHYSICIAN: Please underline the cause to which	
Dumici		23 MAR 1946	22. VIOLENCE: If death was due to external causes,	
(Burlal, cremation,	or removal. Which?)	Date thereof. 23 MAR 1946 (month) (day) (year)		THE RESERVE TO SERVE
Cemetery or cremator	st. Pe	eter's & Paul's Cem.	Where did injury occur?(City or town)	(County) (State)
Location	Cı	umberland, Md.	Injured at home, farm, Industry, public place (where?	
		in Inc.	Means of Injury	Injured at work?
18. Funeral director	Louis Ste	2 8/3		
Address	Cumberla	1 00.	23. SIGNATURE JOHN K. K.	and up.
marial	12719 46	& P. Oranplin	MX (-10 1. 10)	M. D. or other

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MAR 26 1946

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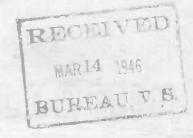
### 2411 N. Charles St., Baltimor

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02202

		CERTIFICAT	TE OF DEATH Reg. Diat. No	6
How long in above place Hospital, Institution, or	ton, Rura ontside city or town lin e of death? 24 r street address where d	nits, write RURAL and give nearest town)  YPS eath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Md • County Allegany  City or town Barton-Rural  (If outside city or town limits, write RURAL and give  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.	nearest town)
3. (a) FULL NAM	E		3. (b) Social Securi	ity Number
	Josep	h Silas Beeman		
4. Ssr	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	P.
Male	White	Married	20. DATE OF DEATH March 10th 19 4	6 al 4.30 m
6.(b) Nams of husband	or wife Daisy	Shimer Beeman	21. I CERTIFY that death occurred on the date above stated: that I attended d	leceased from
7. Birth date of	••••	B.(c) If alive, give ageyears	and that I last saw halive on	
deceased (mo., day.	yr.) Oct. 26	. 1874	Immediate cause of death.	DURATION
8. AGE: Year	s Months	Days It less than one day	Chronic Myocarditis	l. arma
9. Birthplace	(Town,	ing-Garrett-Md. county, and state)	Due to	
11. Industry or busines	own fa		Due to	
12. Name	David Ber Farrett-C	eman t. Md.	Other conditions	
14. Maiden name	Elizabet	h Crowe.	(Include pregnancy within 3 months of death)	
M 15. Birthplace	New Geri	nany, Md.	Major findings of operations	***************************************
16. Informani	alter Beer Barton, Mo		Autopsy results. NO autopsy PHYSICIAN: Please underline the cause to which death shoold be charge	***************************************
Burial (Burlal, cremation	n, or removal. Which?)	Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
	ostburg,	/ Cem.	Where did injury occur?	(State)
	Ellsworth		Injured al home, farm, Industry, public place (where?)  Msens of Injury Injured al work?	
1B. Funeral director		1	· · · · ·	
19. Mari	Westernpo	aftornbaker m	23. SIONATURE Cumberland, Maryland Date sign	D. or other 3-10-46
(Date rec'd by re	egistrar)	Registrar	Address Date sign	ea

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore 107

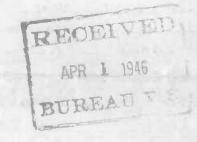
02203

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)  State Mdvy And County Allegan 4  City or town flow town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war None
Jennis Bennett	3. (b) Social Security Number
Male   S. Color or race   6.(a) Single, married, widowed, or divorced   Marrie d	MEDICAL CERTIFICATION  20. DATE OF DEATH 27 March 1946 21 7:15 P. N
8.(6) Name of husband or wife dessie Agnes Elbin Bennet 5.(c) If alive, givo age 70 years	21) CERTIFY that dead occurred on the date above stated; that lattended decoded from 46
8. AGE: Years Months Pays It less than one day 75 2 10	Immediate cause of death unlumbria pour tour
9. Birthplace Be Hord County Penna.  10. Usual occupation Retired Store Keeper	Due to
11. Industry or business General Store  12. Name George S. Bennett	Other conditions atterosclerosis
14. Maiden name Sdyd h Ines	(Include pregnancy within 3 months of death)  Major findings of operations.
18. informant W. Clyde Bennett	Antopsy results
Address Combey and Mary and Date thereof March 30 1946  (Burial, cremation, or removal, Which?)  Date thereof March 30 1946  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or crematory Aill crest Cemetery Location Cumber land Mary land	Where did injury occur?
16. Funeral director. John J. Hafer  Address O. v. Orland, Mary Van d.	Means of Injury Injured at work?  Alexander Alexander Manages, Man
19. Merch 29,9 46 Dine of Beach	23. SIGNYUR M. D. or other M. O. or

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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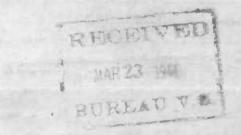
# MARYLAND STATE DEPARTMENT OF HEALTH

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Reg.	Dist.	No.

8. AGE: Years Months 8 12 If less than one day  9. Birthplace MOSCOW- Allegany-Md.  10. Usual occupation Carpenter  11. Industry or business Rail-road  12. Name William B. Bernard.  14. Mane William B. Bernard.  15. Mane Months Bays If less than one day  16. Less than one day  16. Less than one day  17. Mane William B. Bernard.  18. AGE: Years Months Blays If less than one day  19. Less	
4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced   217-09-64    4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced   21. I CERTIFICATION    5. (b) Name of husband or wife   Anne Bernard   21. I CERTIFY that death occurred on the date above stated; that I altended deceased from the date of the date above stated; that I altended deceased from the date of the date above stated; that I altended deceased from the date of the date above stated; that I altended deceased from the date of the date above stated; that I altended deceased from the date of the date above stated; that I altended deceased from the date above stat	
ale White Widower  6.(6) Name of husband or wife Anne Rernard  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day 12 hrs. min.  9. Birthplace MOSCOW- Allegany-Md.  10. Usual occupation. Carpenter  10. Usual occupation. Carpenter  11. Industry or business Rail-road  12. Name William B. Bernard.  28. DATE OF OEATH. Mar. 18  21. I CENTIFY that death occurred on the date above stated; that I altended deceased from the	
S.(6) Name of husband or wife. Anne Rernard  S.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  S. AGE: Years Months Bays If less than one day 12 hrs. min.  9. Birthplace MOSCOW- Allegany-Md.  10. Usual occupation Carpenter  11. Industry or business Rail-road  12. Name William B. Bernard.  21. I CENTIFY that death occurred on the date above stated; that I altended deceased from Moscow 18 hrs. In min.  21. I CENTIFY that death occurred on the date above stated; that I altended deceased from Moscow 19. What I was like the stated of the last saw h. Man alive on 19. What I was like the stated of the last saw h. Man alive on 19. What I was like th	p 11.20
9. Birthplace MOSCOW- Allegany-Md.  10. Usual occupation. Carpenter  11. industry or business Rail-road  12. Name. William B. Bernard.  13. Name. William B. Bernard.  14. Name. William B. Bernard.  15. Name. William B. Bernard.  16. Usual occupation. State of the state of the conditions. State of the state	18.46
10. Usual occupation Carpenter  11. industry or business Rail-road  12. Name William B. Bernard.  12. Name William B. Bernard.  13. Usual occupation Carpenter  Oue to Resonance State, and duration in Perhamment Carpenter  Oue to Resonance State, and duration in Perhamment Carpenter  Oue to Resonance State, and duration in Perhamment Carpenter  Oue to Resonance State, and duration in Perhamment Carpenter  Oue to Resonance State, and duration in Perhamment Carpenter  Oue to Resonance State, and duration in Perhamment Carpenter  Oue to Resonance State, and duration in Perhamment Carpenter  Oue to Resonance State, and duration in Perhamment Carpenter  Oue to Resonance State, and duration in Perhamment Carpenter  Oue to Resonance State, and duration in Perhamment Carpenter  Oue to Resonance State, and duration in Perhamment Carpenter  Oue to Resonance State, and duration in Perhamment Carpenter  Oue to Resonance State, and duration in Perhamment Carpenter  Oue to Resonance State S	ne Day
3. Birthplace Md.	
[Include pregnancy within 3 months of death]  14. Maiden name Lary Smiley  15. Strinplace Va.  Date of op.	
Autopsy results.  Autopsy results.  Autopsy results.  Autopsy results.  PHYSICIAN: Please underline the cause to which death shoold be charged statistic control of the con	
Cemetery or crematory Philos Cem.  Where did injury occur? (City or town) (County) (State Injured at home, farm, industry, public place (where?)	te)
18. Funeral director.  Address Vesternbort, Md.  19. (Date rec'd by registrar)  18. Funeral director.  Registrar  Registrar  Registrar  Registrar	



2411 N. Charles St., Baltimore /07

### CEDTIFICATE OF DEATH

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Keg.	Dist.	No.	00

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Sireet No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME Virgil Royce /	Bolyard 3. (b) Social Security Number
4. Sex 5. Color or race (B.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
male white child.	20. DATE OF DEATH. War 22 19.46 at 3:30A
8.(b) Name of husband or wits	21. f CERTIFY that death occurred on the date above stated; that I attended deceased from
	Mar. 17 1346, 10 Mar. 22 1346
7. Birth date of deceased (mo., day, yr.) Feb 10, 1945	and that I tast saw human alive on Man 19 1946
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION 5 day
hrsmin.	,
9. Birthplace (Town, courty, and atate)	Ouo to
to. Usual occupation.	Que to
1t. Industry or business	OUC (U.
E 12. Name Hamen Bolyand	Other conditions
El 13. Birthplace / Sarber Co. Va.	(Include pregnancy within 3 months of death)
14. Maiden name Cluda Ge Mc Donald	Major findings of operations.
\$ 15. Birthplace graften W. Va	- Qate of op.
16 Interment Hodiel Bolyard.	Autopsy results.
Address Route 1 Oldlown End.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1/2 0 74	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Buriai, cremation, or removal, Which?)  Oate thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Grethier Cometers	Where did injury occur?
The Forth The	Injured at home, farm, industry, public place (where?)
Location Mean Jensey	Mosns of Injury Injured at work?
18. Funeral director.	
Address Chuberland und	23 SIGNATURE L. a. Walson, M.D.
" March 22, 46 Mins L. Bender	M. D. or other
(Date rec'd by registrar) Registrar	Address Attle Ocleans, md. Date signed 3/22/46

UNFADING INK. Supply every item of information carefully. The corresponding on Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

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PLEASE

(Date rec'd by registrar)

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 51-2

(2206

... Date signed

CERTIFICA				TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County			URAL and give nearest town) PS	State Md. County Allegany  City or town (If outside city or town limits, write RURAL and give segrent town)
3. (a) FULL NAM	David Bo	thwel	1	3. (b) Social Security Number
Male White Married  6.(a) Single, married, widowed, or divorced  Male White Married  6.(b) Name of husband or wite				MEDICAL CERTIFICATION  20. DATE OF DEATH.  MAR. 6  19. 46 at 1.30P  21. I CERTIFY that death occurred on the date above stated; that t ettended deceased from
7. Birth date of deceased (mo., day, yr.) June 25, 1869  8. AGE: Years   Months   Days   It tess than one day   76   8   11     here   76   8   11     here   76   8   11     here   76   8   11     here   76   76   76   76   76   76   76   7				end that I last saw harmalive on 2222 5 119 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace Scotland  10. Usual occupation Signal Tower Operater  11. Industry or business Rail-Road.  12. Name William Bothwell  13. Dirthplace Scotland				Bue to
14. Maiden name Marjorie Archibald 15. Birthplace Scotland  16. Informant Mrs. David Bothwell Address Westernport, Md.				(Include pregnaucy within 3 months of death)  Major fiadings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should he charged statistically.
				Accident, sutcide, or homicide

Registrar

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PEURIVED MR 91 1946 BUREAU V.B. ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 38-1

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CERTIFICA	ATE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Combanland	State Maryland   County Allegany
City or town	Cumberland
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
507 Westron Rd.	Street No. 5.0. J. Classical Rev. LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Coreth It Bring	Social Security Number
4 Sex 5. Color Aprace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH PROCEDY 19 46, at 12-4.
B.(b) Name of husband or wife Assa & Kissler	21. I CERTIFY that death occurred on the date ebove stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 18 October 1884	and that I last saw h. Willive on 3 - 2.0 - 19/6.
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
61 5 3hrs.	in Chickonfot 19 dy
9. Birthplace Cumberland, Allegany Co., Md.	Due to.
(Town, county, and state)	oue to.
10. Usual occupation Farm supplies own business.	Oue to
11. Industry or business	
12. Name Mathias Brinker  13. Birthplace Maryland	Other conditions 4860
	(Include pregnancy within 3 months of death)
Louise Ruppenkamp  14. Maiden name. Maryland	Major findings of operations.
16. Informant George A. Brinker 507 Oldtown Road, Cumberland, Md.	Autopsy results
Burial Oate thereof 23 MAR 1946 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
Cemetery or crematory. St. Peter's & Faul's Cemetery Cumberland, Maryland.	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Louis Stein, Inc.	Means of Injury Injured at work?
Address Cumberland, Maryland.	1 7 Jal h 11.7
a. 1 100 11	23. SIGNATURE M. IJ. pr other
19. March 2 x 19 46 J. P. Granplin, M. (Dato rec'd by registrar)	ar Address Cule level ded Marie siener 3-71-41

Registrar Address...

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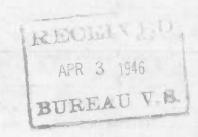
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 480

# CERTIFICATE OF DEATH

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				4
Reg.	Diat.	No.	 	L

	The Market Property of the Pro
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Allegany	State Maryland County Allegany
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)
How long in above place of dearn	
Allegary Hospital	Street No. 127 Calumbia 57. (If rural, give LOCATION)
How long In hospital or institution? 5 days	
	2.(α) It veteran, name war
3. (a) FULL NAME Miss Trebecca Ann Bucy	3. (b) Social Security Number
Miss Rebecca Ann Bucy	Hore
4. Set   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Single	3/1/6/1
	20, DATE DE DEATH
6.(b) Name at husband or wite	21. I CERTIFY that death occurred on the date above stated; that t attended daceased from
	3/2/ 19 V 6, to 3/26 19×6
7. Birth date of 8.(c) tt alive, give ageye	and that I last saw h. 24alive on
deceased (me., day, yr.) Moreh 26, 1878	Immediate cause of death DURATION
B. AGE: Years   Months   Days   It less than one day	Con b Color Adda Color
68 0 0 mm. hrs.	din
9. Birthplace. Cu. 1916 C. Lond. Md. (Town, county, and state)	Due to
10. Usual occupation Housework	Due to
11. Industry or business Own home	
	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Stazia Show  15. Birthplace Allegony Co, Md	Major fiadings of operations.
E 15. Birtholace Allegany Co. Md	
- + 1 1 1 + 1	Date of op.
16. Informant Ledans Warney all Hortrory	Autopsy results
Address Combuland Tyd.	
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof Name 29, 1946 (month) (day/ (year)	Accident, suicide, or homicide
Cemetery or crematory Hillares to Cemetery	
, , , , ,	
Location Cura sepland, Md	tnjured at home, farm, Industry, public place (where)
The 1. Heder	Manns of Injury Injured at work?
18. Funeral director.	
Address Cappebulland Mega.	- a converse De 12. 150 Les h co
m. 28 46 1. P. M. h. m)	23. SIGNATURE M. D. or other
19/1acch 119 Te Shall paule un Begiste	TEN Address 3 95 Dec 1010 8 Pale signed 3 12 2/1



2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)  Streel No. 313 Greene Street (If rural, give LOCATION)  2.(a) It veteran, name war.  3. (b) Social Security Number
Mrs. Margaret Burch 4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	(one)
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE DF OFATH March 11 19 46 of 5:20P
8.(6) Name of husband or wife. Martin I. Burch  6.(c) If alive, give age 40 years  7. Birth date of deceased (mo. day, yr.) March 30, 1905  8. AGE: Years Months Days It less than one day  40 hrs. min.  9. Birthplace. Maryland, Munkerland, Alleg. Co  (Town, county, and state)  10. Usual occupation. Housewife  11. Industry or business  12. Hame. John Stitcher  13. Birthplace Maryland  14. Maiden have business  15. Birthplace Maryland  16. Intermant. Memorial Hospital  Address Cumberland, Maryland	21. I CERTIFY that death occurred pa the date above stated; that I attended deceased from  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
Date thereof (month) (day) (year)  Cemelery or crematory (day)  Location (18. Funeral director)	Accident, suicide, or homicide
Address (matterland)	1/m. + ///// an

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19. March 13, 19.46 (Date rec'd by registrar)

WRHÉ PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MAR 20 1946 PUREAU V.S.

2411 N. Charles St., Baltimore (3/2)

# CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Allegany	(For newborn infants give residence of mother) State Mary land County Cling any
City or town	
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where dath occurred.	Street No.
allegany county sufurnary	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Robert Walter Camer on	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Single	20. DATE OF DEATH. 3 - 78 - 19 46 at 2:30 /
5,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	ars 1941, 10 3 78 1944
7. Birth date of deceased (mo., day, yr.) August 16. 1877	and that I last saw h
8. AGE: Years   Months   Days   if less than one day	Immediate Cause of death
68 7 12hrs	in.
Pil. De Paul	
9. Birthplage Odd Conney, and state)	Due to.
10. Usual occupation Cal Never & retired	
11. Industry or business Darrows / Coal Co.	Due to
MI 1.1.1.1.1	
12. Name. Children Seotland	Other conditions
14. Maiden name lave mcLuckie	(Include pregnancy within 3 months of death)
14. Maiden name. Jave McLeickie  15. Birthplace Scotland	Major fiadings of operations.
21 15. Birthplace	Date of op.
18. Informant William Cameron	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
Address Louacourg, Md,	
17 Surial Date there March 30, 1940	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remoral, Which?)	Accident, suicide, or homicide
Cemetery or crematory Cake Nell Com	Where did injury occur?
Location Jaconing, Md.	Injured at home, farm, Industry, public place (where?)
19 Europe dispeter M. Eich haber	Means of Injury Injured at work?
18. Funeral director	THE WIND
Address Oraldung, Ma	23. SIGNATURE I I I Felliam
march 29, 46 U. Braublin M	W. 811- 100-10 1 M.D. 3501
(Date rec'd by registram) Registr	ar Moress Date signed O

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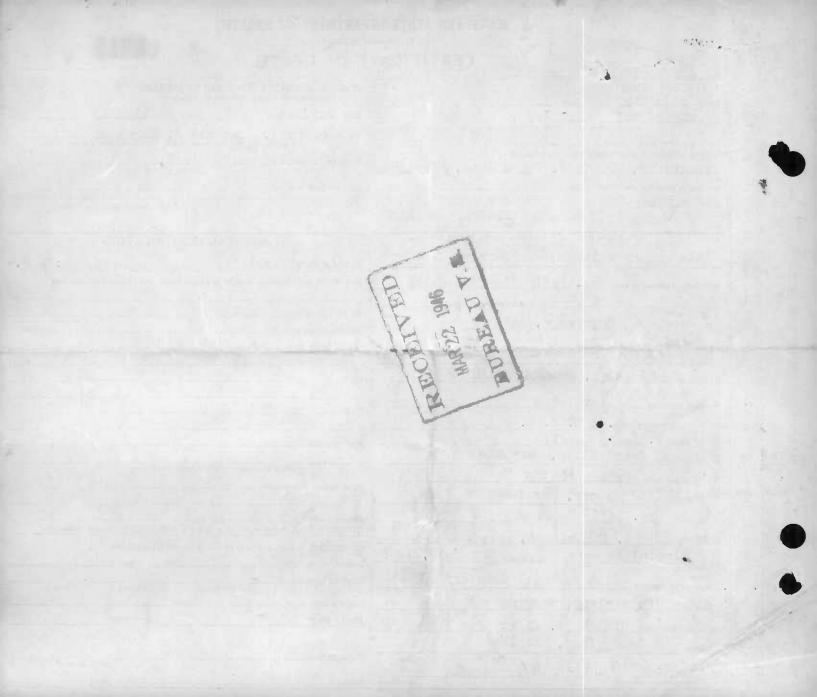
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly—

APR 3 1946
BUREAU V.S.

### CEDTIFICATE OF DEATH

City Eim	2411 N. Charl	EPARTMENT OF HEALTH  les St., Baltimore (42)  TE OF DEATH  Reg. Diat. No. 4
ation carefully. The conth clearly and legibly.	1. PLACE OF DEATH:  County. Allegany.  City or town. Rural Cumberland, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Allegany  City or town Rural Cumberland Maryland (If outside city or town limits, write RURAL and give nearest town)  Street No. Frantztown, Route 3,  (If rural, give LOCATION)  2.(a) If veteran, name war.
NG of information ses of death cle	ALBERT EDWARD CHARLES  4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced  Male White Married	3.(b) Social Security Number 705-09-9968 MEDICAL CERTIFICATION
FOR BINDING ply every item of write the causes	6.(b) Name of husband or wife Mrs. Effic Simons Charles  B.(c) If alive, give age years  T. Birth date of deceased (mo., day, yr.) October 8, 1891  8. AGE: Years   Months   Days   If less than one day	2D. DATE DF DEATH Warch 16. 20 P. A  21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from  15. 19. 46. 19.
MARGIN RESERVED 1 NFADING INK. Suppl. nt. Physicians: please w	9. Birthplece Ridgehey, Mineral, Westa Virginia (Town, county, and state)  10. Usual occupation Electrician  11. Industry or business B. & O. R. R.  12. Name F. Henry Charles  13. Birthplace Brantsville, Maryland	Due to.  Due to.  Dither conditions
PLAINLY, WITH-0 is especially importan	14. Maiden name. Bertha Jenkins  15. Birthplace Hancock, Maryland  16. Informant. Mrs. Effie Charles  Address Route 3, Cumberland, Maryland  17. Burial Date thereof March 19, 1946  (Buriai, cremation, or removal, Which?) (month) (day) (year)  Cemetery or crematory. Zion Memorial Cemetery	(Include pregnancy within 3 months of death)  Major findings of operations
VS A15 PLEASE WRITE	Cemetery or crematory 21011 Memorital Schools Cumberland, Maryland  18. Funeral director. William H. Kight  Address Cumb rland, Maryland  19. March 19, 1946 P. Franklin, M. A.  (Date ree'd by registrar)	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  Address.  M. D. or other  Madress.  Madress.

Registrar Address.



2411 N. Charles St., Baltimore (830)



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1			1
	Reg.	Dist.	No. 8

CERTIFICA	TE OF DEATH
1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town (If outside city or town finits, write RURAL and give nearest town)	State Maryland County Milany
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
<u></u>	Street No
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Laseph J. Corrigan	3. (b) Social Security Number 218-09-7296
20 Sex   5. Color or race   (6.(a) Single, married, widowed, or divorced    On ale Shirt Married	MEDICAL CERTIFICATION  20. DATE OF DEATH March 9 19:46 21/30 A.M.
6.(6) Name of husband or wife Puttic Sulsily  6.(c) If alive, give age 68 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DUBATION  Cerebral Messacher glass
9. Birthplace (Town, county, and state)	Due fo.
10. Usual occupation The Alf Shares Could Buy Vein Coal	Due fo
12. Name Patrick Compagan  13. Birthplace Onel and	Diher conditions
14. Malden name. Alakansasasasasasasasasasasasasasasasasasa	(include pregnaucy within 8 months of death)
15. Birthplace Utukunur	Major findings of operations
16. Informant David Lourgan	Autopsy results
17 Parrial Bate thereof Mar. N. 1941	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal, Which?) (month) (day) (year)  Cemeiery or cremator: Description of the contraction of the contr	Accident, suicide, or homicide
Location Phidland and	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director And Dickellous	Means of Injury Injured at work?
Address Imaconing, And	23. SIGNATURE I LEGGGG VG (Horder) Who.
19. Mark // 1946 AV. E. Offer The Registrar	Address Date signed While U 6

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MAR 15 1946

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VS A15,

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Diat. No......

CERTIFICA	TE OF DEATH Reg. Dist. No		
1. PLACE OF DEATH:  County Allegany  Cumberland Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State. West Vinginia County Mineral  City or town Ridgeley (If outside city or town limits, write RURAL and give nearest town)  Street No.		
City or town			
Memorial Hospital  How long In hospital or Institution? 3 days	(If rural, give LOCATION)		
3.(a) FULL NAME Mr. Walter Cunningham	3. (b) Social Security Number 232-20-3348		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	2D. DATE DF DEATH. March 6 19.46 7:40A		
8.(6) Nams of husband or wife. Mildred Wamsley  7. Birth date of S.(c) It alive, give age 24 year december (mo. day vr.)  April 14 1919	and that I last san it and the san it		
deceased (mo., day, yr.)   ADI'LL 14   19   9   8. AGE:   Years   Months   Days   If less than one day     26   10   2.2,	n. Immediate cause of death Duration 3 day		
9. Birthplace West Virginia Hendricks, Jucka (Town, county, and state)  10. Usual occupation Fireman	Due to.		
11. Industry or business W. Maryland Railroa			
12. Name. A. L. Cunn Ongham  13. Birthplace West Virginia, Horton	(Include pregnancy within 3 months of death)		
14. Malden name Bertha Phillips 15. Birthplace West Virginia, Hendricks	Major findings of operations.  Dale of op.		
16. Informant Memorial Hospital	Autopsy results		
Address Cumberland, Maryland  17	22. VIOLENCE: If death was due to externat causes, fill in the following;  Accident, suicide, or homicide		
Cometery or crematory Fagisles Cercalery  Location Herdricks W. Va J	Where did injury occur?		
18. Funeral director. John Hafer. Address Churchelland Tud.	Means of Injury  Injured at work?  23. SIGNATURE  A SIGNATURE		
19. March 7, 19 46 J. P. Maublin M. P. Marghen M. P. Marghan M. Marghan	M. D. of other		

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# WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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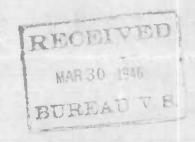
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH: allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fon newborn infants give residence of mother) State
City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (It outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME Caroline L. Daniel	3. (b) Social Security Number
4. Sex 5. Color of ace 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Temale White Widowel	2D. DATE DF DEATH 3/18 1946, at 54, 1
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of deceased (mo., day, yr.) March 24, 1863	and that I last saw h
8. AGE: Yeare Months Days If less than one day	Immediate cause of death
g. Birthplace Seeper, to Va.	Date Di cara Renal 15 yrs.
1D. Usual occupation Town, county, and state)	Due to.
11. Industry or business	Due to.
12. Name Dennis Ranielo 13. Birthpiace Resper Co. Va-	Dther conditione
	(Include pregnancy within 3 months of desth)
14. Maiden name Parificiett Pleet  15. Birthplace Seeper, Ev. Ua.	Major findings of operations
SI 15. Birthplace Selfely CO. Od.	
18. Interment Address College Man	Autopsy results
17 Durial Date thereof Mar. 20 1946	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Cemetery or remains. (month) (day) (year)	Accident, suicide, or homicide
Location Cumberland Sy	Injured at home, farm, Industry, public place (where?)
18. Funeral director Adverse The Republic	Means of injury injured at work?
Address Hegnampen, Hg.	23. SIGNATURE TO TOPPE h
19. March 19 1946 A. Loya Walk (Date rec'd by registrar) Registrar	M. D. or other  M. D. or other  M. D. or other

Registrar | Address.



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ADING INK Physicians:

important.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (773-2)

Reg. Dist. No.

213-18-2717

CERTIFICATE OF DEATH

-	information carefully. The coof death clearly and legibly.	How long in above pit Hospital, institution, Allegany How long in hospital 3. (a) FULL NA	legany  nberland, Market of the street of death?  or street address where y Hospital, and or institution?	death occumed: Cumberland, Maryland days
	of	4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
NG	of	Male	White	Married
NDING	item	6.(b) Name of husb	and or wifeMrs.	Eva Davis

7. Birth dale of

56

10. Usual occupation.... 11. Industry or business

12. Name...

13. Birihplace

HLOW 14. Malden nat 14. Malden name.....

8. AGE:

deceased (mo., day, yr.)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Maryland County Allegany Cumberland,
(If outside city or town limits, Street No. Rt.#2, Williams Road (If reral, give LOCATION) 2.(a) if veleran, name war...... 3. (b) Social Security Number

MEDICAL CERTIFICATION

-1-1

PHYStCIAN: Please underline the cause to which death should be charged statistically.

3 - /	13 19/4	2 , to 5 -	16 197
mmediate cause of death	Lefter	reflect	DURATIO 3du
Due to	Jac		***************************************
Due to	*************************		***************************************
Other conditions	000 000 000 000 000 000 000 000 000 00		*************
(Include preg	nancy within 3 mor	ths of death)	

22. VIOLENCE: if death was due to external causes, fill in the following:

Injured at home, farm, industry, public place (where?) .c.

Eva Ellen Davis Rt. #2, Williams Rd., Cumb., Md. Address

Ella Catherine Valentine

William Ellsworth Davis

Dec. 29th. 1889

Burial 19 MAR 1946 (month) (day) (year) (Burial, cremation, or removal, Which?) Mt. Herman Cemetery Cumberland, Md.

Louis Stein, Inc. 18. Funeral director ..... Cumberland, Md

9. Birthplace Allegany Co., Maryland. (Town, county, and state)

Farmer.

Maryland

Maryland

If less than one day

23. SIGNATURE.

Accident, suicide, or homicide.

Meens of injury Leas Ozor

MAR 26 1946 BUREAU V &

the section of the se

The correct age

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VS A15

2411 N. Charles St., Baltimore (93d)

02216

CERTIFICA	ATE OF DEATH Reg. Diat. No
County (If outside city or town lights, write/AURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slate
How long in above place of death? 30 March. Hospital, Institution, or street address where death occurred:	City or town (If counide city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME Sawson	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH MACL 10, 19.46, 25
8, (b) Name of husband or wite Ensure a Ensure h	21 I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Jensel // 1863	and that I last saw h alive on more to 15
8. AGE: Years Months Days It less than one day  29hrs.	min. Immediate cause of feath 3 d
9. Birthplace 2 and state Ohis (Toyof, county, and state)	Due to
10. Usual occupation to a all the street of	Oue to
12. Name Conkyrown	Other conditions and Schrotze
14. Maiden name. Quitharwww	(Include pregnancy within 8 months of death)  Major findings of operations.
15. Birthplace Milanouse Chin. Annom	Autopsy results.
Address Klordike, Md- R. F. O. I	PHYSICIAN: Please underline the cause to which death should he charged statistically
17. Barrial Oate thereot Man /2 19 (Burial, cremation, or removal, Which?) (day) Ayear)	22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Cemetery or cramping Dak Hell Counciling	Where did injury occur?
Location & more mung, file	Injured at home, farm, industry, public place (where?)
Address La aconing, And,	H. Wasausle Stresh
19. 3- 19 46 Mud Hawy H. A. (Date rec'd by registrar)	23, SIGRATURE M. D. or other



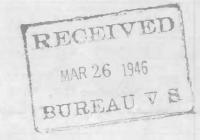
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A15 VS

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87-2

		CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County Allegany			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
City or lown. Cumberland (If outside city or town limits, write RURAL and give nearest town)			State Maryland co	unty Allegany
(If ou	tside city or town lin	alts, write RURAL and give nearest town)		
		years	City or town	s, write RURAL and give nearest town)
Hospital, Institution, or s			Street No. 16. East Street	
Allega			(If rural, giv	e LOCATION)
	nstitution?5	weeks	2.(a) If veteran, name war	
3. (a) FULL NAME				3. (b) Social Security Number
	Upton E	dward Dawson		None
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Male	White	Married		21, <sub>19</sub> 46 at 12- A
7. Birth date of		etta Whipp Dawson  6.(c) If allve, give age 79 year	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended deceased from 39.46. 21. 19.46.
deceased (mo., day, yr.		mber 19, 1865	Immediate cause of death	DURATION
8. AGE: Years	Months	Days It less than one day	0 -	
80	3	2hrsmin.	Para euro as	classo
9. Birthplace Raw	lings, All	egany, Maryland		
		Manager		***************************************
		rovement Ware House	Due to	
	i W. Dawso		Other conditions	
	wlings, Ma			
H 14. Malden name Incy Jacobs			(Include pregnancy within 3	months of death)
			Major findings of operations	••••••
≥ 15. Birthplace	Lonaconing	g. Maryland		Oate of op
16. Intermant Mrs.	Upton E.	Dawson	Antopsy results	
			PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.
		Cumberland, Maryland	22. VIOLENCE: If death was due to external ca	uses, fill in the following;
17. Bur (Burial, cremation, c	12.1	Dale thereof 3/23/46 (month) (day) (year)	Accident, suicide, or homicide	Date of
		11 Crest Cemetery	Where did injury occur?(City or town)	
		and. Md		(County) (State)
			Meens of Injury	Injured at work?
		H. Kight	1	
1	Cumberl		23. SIGNATURE A M LUCIA	Curs M. D. or other
19 March	23. 1946	J.P. Franklin m. 2	1	
(Date rec'd by regi	strar)	Registrar	Address F. 9 Museul	Date signed 3-21-49



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### MARYLAND STATE DEPARTMENT OF HEALTH

02218

CERT	IFICATE	OF	DEA	TH

orporate limits N		PARTMENT OF HEALTH  s St., Baltimore & a	02218
		E OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH:  County (If outside city or town limits, write RU  How long in above place of death;  Acquired following street address where with occurred:	RAL and give nearest town)	2. USUAL RESIDENCE (HOME (For Jewborn Infanty ave residence State	County County County Wite RURAL and give nearest town)
Hospital, politicity of street address where death occurred:  How long in hospital or institution?	to south	Street No. 214 Than	give LOCATION)
4. Set 5. Color or race 6. (a) Single,	Cleo Sanarried, widowed, or divorced	MEDICAL	CERTIFICATION
6.(b) Name of husband or wife. Thanks &	wayton U	2D. DATE OF DEATH	e above stated; that I attended doceased from
7. Birth date of deceased (mo., day, yr.) Ang 16 10  8. AGE: Years Month Days	If alive, give ageyears	and that I last saw harmalive on	DURA DURA
9. Birihpiace Keyses (Town, county, and sta	hrs. min.	Due to.	rankage 2
10. Usual occupation	Itome.	Due to	io Belon
12. Name Lagar H D	Va.	Other conditions	in 3 months of death)
14. Maiden name Area 15. Birthplace	Ya.	Major findings of operations	Date of op. A.
Address Report	11.1a	PHYSICIAN: Please underline the cause 22. VIOLENCE: If death was due to extern	
(Burfal, cremation, or removal, Which?) Cemetery or crematory. Concerns Of	C(month) (day) (year)	Accident, suicide, or homicide	wn) (County) (State)
18. Funeral director as mis attenu	1 One	Means of injury	injured al work?
March 25/1946 J.P.	Franklin M. L.	23. SIGNATURE	M. D. or other

APR 3 1946
BUREAU V

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1579

02219

No.....

.... Date signed 3.- //

1 DILOF OF DI	FATU.			2 IISHAI RESIDENCE (HOME) 0	Reg. Dist. No	
1. PLACE OF DEATH: County Allegany			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of			
City or town Cumber land Maryland (If outside city or town limits, write RURAL and give nearest town)			State Wary Land Cou	state, Maryland county Allegany		
					ural write RURAL and give no	arest town)
low long in above plac lospital, institution, c	or street address where	death occurred:		Street No. Bowman's Additi		
			and, Maryland	. (If rural, give	LOCATION)	
low long in hospital	or institution?	9 days		2.(a) If veteran, name war		
3. (a) FULL NAM	ME				3. (b) Social Security	Number
Baby	Girl Diehl				None	9
I. Sex	5. Color or race	6.(a)Single.	married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White		Single	20. DATE OF DEATH	19.46	at 4:40P
				and the property at the date of the date of		
i.(b) Name of husban	d or wife		••••••••••	march 1 19	46, 10 Mari	B1018 46
7. Birth date of		5.(c)	If alive, give ageyea	and that I last saw h. E.R. alive on		
deceased (mo., day	$(y_0) = 3/1/46$	Days	if less than one day	Immediate cause of death	***************************************	DURATION
B. AGE: Yea	Montus			Malmitestion		-
		1				
9. Birthplace	imberland	Allegan county, and sta	y Maryland	Jue to Carrel		
10. Usual occupation	Infant	<b>.</b> V			•••••••	****
11. Industry or busin				Dae 10		***************************************
		ieh?		Other conditions Unable to Z	The nourishing	145
	Manna Cho					
				(Include pregnancy within 3		
hand I	Mathias,			Miglot Hodiofs of obergroos		
					Bate of op	000000000000000000000000000000000000000
				Actopsy results	hick death should be charge	d statistically.
			Cumberland,	416		
u Buris	on, or removal. Which	Date thereo	Mar. 13,194 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremati	on, or removal. Which		(month) (day) (year)			
Cemetery or crem				11		
Location			2.		Injured at work?	
18. Funeral director	Charles	L. Ge	orge	means of injury	Injuice at AUIA1	
	Cumber			23. SIGNATURE 3/4. V.	2 mines mr.	2.
One	le 17, 1046	28	The blin mit		M. D	or other
19. Marc	11 1 194 4	J	Parist	at Address 12.5 Bulled St	Note ciane	3-11/46

MAR 20 1945
BUREAU V. 8.

# UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

(Date rec'd by registrar)

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72-0)

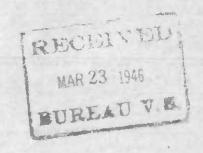
W & W2220

Date signed M+r. 20, 1946

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Couoty Alegany Couoty Westernport City or town.  (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 308 B. Front St. Syr Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3.(a) FULL NAME Shirley Elizabeth Dixon	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Female   White   Single   6.(b) Name of husband or wife	MEDICAL CERTIFICATION  20. DATE DF DEATH. Mar. 20, 1946. 19 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Jan. 23, 1944	Mar. 19  19.46  19.46  19.46  and that I last saw h. R. F. alive on Mar. 20  19.46  Immediate cause of death PUN PUNA  BURATION
8. AGE: Years Months 27 If less than one day 27 hrs. min.  9. Birthplace Westernport-Allegany - Md. (Town, county, and state)  10. Usual occupation	Hiemorrhagics 2 Days  Due to
14. Malden name Madeline Barb  15. Birthplace Elkins, W. Va.  16. Informant Westernport, Md.	(Include pregnancy within 3 months of death)  Major findings of operations
Date thereof Mar. 21, 46 (Burial, cremation, or removal Which?) Cemetery or crematory Location  Westernport, Md.	22. VIOLENCE: If death was due to externat causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director Ellsworth S. Boal  Address Westernport, Md.	23. SIGNATURE Paul De Wilson M. D  M. D. or other

Registrar

Address Predmont W. Vs.



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The equivalent is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

03101

CERTIFICAT	TE OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
	$\mathcal{M}$ .
KATHERI NE SKELLEY DOUTHIT 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced FEMALE WHITE married	MEDICAL CERTIFICATION  20. DATE OF DEATH
8.(b) Name of husband or wife A.S. A.C. Sirth date of deceased (mo., day, yr.)  8. A.G. Years Months Days It less Man one day  10. Was all occupation.  11. Industry or business  12. Name.  12. Name.  14. Maiden name.  15. Birthplace  16. (c) If alive, give age.  years  17. Birth date of deceased (mo., day, yr.)  18. A.G. Years Months Days  19. The less Man one day  19. The less Man one day  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  15. Birthplace  16. (c) If alive, give age.  years  17. Birth date of age.  A. A.G. Final A.	21. I CERTIFY that death occurred on the date above stated: that I sitended deceased from  NAR 20. 19.46.  and that I last saw h. C. 2   2   2   2   3   4   5    Immediate cause of death.  DURATION  Due to. No. origonia mod. word: founds. Current.  Due to. Julianus meaningities.  Dither conditions.  (Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant MEMORIAL HOSPITAL  Address CUMBERLAND, MD a  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory Company (month) (day) (year)  Location Oscillation Oscillati	Actopsy results PHYSICIAN: Please coderline the cause to which death should be charged statistically.  22. VfOLENCE: If death was due to external causes, till in the tollowing: Accident, euicide, or homicide
19. March 28, 18 46 LP. Haublin, M. D. (Date red by registrar)	23. SIGNATURE N. A Clean Levers M. D. or other Address 49 Greece St Date signed 3-2-7-46

Dr. Matthews

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Day Man Miller

Within corporate limits
DR. TOLSON WITH UNFADING INK. Supply every item of information carefully. The correct age important, Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY,

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bill

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
COUNTY ALLEGA NY	State WEST VIRGINIA County GRANT
Cily or town CUMBERLAND? MD. (If outside city or town limits, write RURAL and give nearest town)	permer Ropit Do
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
MEMORIAL HOSPITAL	(If ruras, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
GEORGE FEASTER	Slone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE SINGLE	20. DATE OF DEATH MARCH 28 19.46 at 11.25
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	3-12- 1046 10 3-28- 1046
7. Birth date of School of Alive, give age years	and that I last saw h.j.thalive on 3-28-
deceased (mo., day, yr.) //oversels 3, / 8 /	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Curonic nervices
6H 4 25	Board Tu Albahastu Ordelato
He ECA WARD WILLIAM	The state of the s
Grand O, WEST VIRGINIA (Town, county, and state)	Oue to
10. Usual occupation LABORER - FARM	
(6) 4444	Due to
11. Industry or business	magnity
12. Name CRITTY FEASTER West Virginia	Other conditions.
	(Include pregnancy within 3 months of death)
E 14 Manacca KEPLINGER	
14. Marchaecca KEPLINGER  15. Birthpiace West Orginia	Major findings of operation
1	
16. Informant MEMORIAL HOSPITAL	Autopsy results
Address CUMBERLANDS MD.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Busia & Bate thereof March 30, 194	
(Burial, cremation, or removal, Which])	Mediacity anioles, or namical
Cemetery or crematory M. Newson Cline	Where did injury occur?
Mens Pelesshera U.Va.	Injured al home, farm, Industry, public place (where?)
Location	Means of injury / Injured at work?
18. Funeral director Cast Susu	1001
Address Petersburg, W. Va.	Tayon Mul
m. 1 30 11 10% bl. mx	23. SIGNATURE M. D. or other
19. March 36, 19 4 (a J. F. Markly M. Registrer	Address ( and Per Cand, 47 Date stened 3-30-4)
(Date rec'd by registrar) (Date rec'd by registrar)	Address Date signed

APR 3 1946
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PLACE OF DEATH.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1317

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# CERTIFICATE OF DEATH

			10	1
g.	Dist.	No.	14	<i>L</i>

County Allegany City or town. Corriganville City or town. Corriganville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war		
3.(a) FULL NAME  David Clarence Fleegle	3. (b) Social Security Number		
Male White Married  Married  Married	MEDICAL CERTIFICATION  20. Date of Death March 7, 19 46 , 21		
6.(b) Name of husband or wife Laura Shatzer Fleegle 71 7. Birth date ot deceased (mo., day, yr.) Dec. 19, 1871	and that I last saw h. alive on 1946		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death My Ocorottis. DURATION		
9. Birthplace Ellerslie Md (Town, county, and state)  10. Usual occupation Janitor  11. Industry or business  12. Name Valentine E. Fleegle  13. Birthplace Germany	Due to.  Dither conductors Simulation  Otravia Nathritis  (Include pregnancy Wiblin 8 months of death)		
14. Maiden name Mary C. Burkett  15. Birthplace Ellerslie, Md.  16. Informant Mrs. Pearl Cochran	Major findings of operations		
Address Corriganville, Md.  Burial  (Burial, eremation, or removal, Which?)  Cemetery X X X X X X X X Hillcrest  Location Cumberland, Md.  Harvey H. Zeigler  Address Hyndman, Pa.  18. March 9 19 46 Playa Walk.  (Date rec'd by registra)	22 VIOLENCE. It death was due to external causes fill in the tollowing.		

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MAR 30 1946 BUREAU V E

### MARYLAND STATE DEPARTMENT OF HEALTH

william MAR	YLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore	02223
	CERTIFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:  County	City or town (if outside city or town	County Co
	bina Foreman	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married Widow	d, widowed, or divorced MEDICAI	L CERTIFICATION
8. AGE: Years Months Days It less 88 Z 8	and that I tast saw half alive on Immediate carrie of death Immediate carried of death	to which death shoold be charged statistically.  bal causes, fill in the following:

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	age		es St., Baltimore 830	02224
	correct	FILM No. I O 1 MAR 13 1946 CERTIFICAT	TE OF DEATH	Reg. Dist. No.
	cor.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF	DECEASED:
	'he ibly	County allang	(For newborn infants give residence of n	
	leg	City or town (If outside city or town lights, write RURAL and give nearest town)	State Coun	ty
	ully	How long in above place of death?	City or fown (If outside city or town limits,	write RURAL and give nearest town)
	ref ly a	Hospital, Institution, or street address where death occurred:	Street No.	······································
	ear ear	Martin Carpana	(If rural, give l	
	tior col	How long in hospital or institution?	2.(a) If veteran, name war	
	information carefully. The cof death clearly and legibly.	3. (a) FULL NAME	4	3. (b) Social Security Number
		4. Sex 5. Color or race 6.(a) Single, married; widowed, or directed	MEDICAL CE	RTIFICATION
BINDING	tem of	male Colered Windomed	20. DATE OF DEATH March	2 1946 at 7 H
Ē	item caus	gatelle y	21. I CERTIFY that death occurred on the date abov	
BIL	y i	6.(b) Hame of husband or wife 1		6 10 march 2 1946.
FOR	every it	7. Birth date of	and that I last saw h	rarch 2 1946.
F	ly wri	deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DURATION
ED	Supply eve lease write	74 74 1 50	Control almo	robage 2 days
RESERVED	. 0.	74 7- 1hrsmln.	2 7 . 82/2	
SE	ADING INK. Physicians: p	9. Birthplace (Cown, country, and state)	Due to Celler - Seler	<del>o l</del> a
RE	G I	1D. Usual occupation.	facility.	
ZI	INC	11. Industry or business Coal Muses	Due to.	
MARGIN	AD Ph.	12. Hame Jolinson	Dther conditions	,
MA	Tr.	13. Birthplace Least brew	DINGI CONGRIOUS	
	ta d	14. Maiden name Local Lanca	(Include pregnancy within 3 m	onths of death)
	WITH	8 15. Birthplace Lout laner	Major findings of operations	
	Par	0.001 10.00		Date of op
	ally,	18. Interment 26.	Autopsy results	ch death should be charged statistically.
	PLAINLY, s especially	Address 19 Dinden St Tresling, Md	22. VIOLENCE: If death was due to external caus	es, fill in the following;
_		(Burial, cremation, or removal. Which)  (Burial, cremation, or removal. Which)	Accident, suicide, or homicide	Date of
	E P	Cemetery or crematory allegange Connecting	Where did injury occur?(City or town)	(County) (State)
	RIT	I I The I	Injured at home, farm, Industry, public place (who	
T	WF (	Location Location	Means of Injury	Injured at work?
رمد	SE	1B. Funeral director	10/0	1. 10 50 0
A1	PLEAS	Address Frestling, 21 d	23. SIGNATURE . C. A	relie /h.d.
VS V	PL	1.3-4-46 10 Mus Maury N. Ros	First. C	M. D. or other
SECTION S	1.5	(Date rec'd by registrar) Registrar	Address / Mung /	Date signed

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MAR 5 1946

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250 gs	Triderice for of birth of FILM No. I	uccoasca	0 1010	TE OF DEATH  Reg. Dist. No. 4		
information carefully. The correct of death clearly and legibly.	How long in above place Hospital, tostitution, or MEMOR	EGAVY  Liside city or town lim of dealh?  street address where de IAI, HOSP I	D. its, write RURAL and give nearest town) eath occurred: TAL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
mati	3. (a) FULL NAME			3. (b) Social Security Number		
of de	4. Sex	LARENCE I	GREEN    6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	7	
					PM	
INDING item of i	MALE	WHITE	MARRIED	2D. DATE DF DEATH MAR. 12. 1946. at : 10.	h.h	
PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes	10. Usual occupation  11. Industry or busines  12. Name	S.(c) If allve, give age 38 years  yr.) APRIL 29 - 69-7 1902  rs Months Days If less than one day  3 /0 /3 hrs. min.  WARYLAND  (Town, county, and state)  PLANK PRES.  MARYLAND  MEMORIAI, HOSHITAI,  Autoray results.		Mar. 7 18.46 to Mar. 12 19.  and that I last asw h imalive on 12.18.  Immediate cause of death DURAN  Due to 19.  Other conditions (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	46	
VS A15 9.45 M	17 Burial, cremation Cemetery or cremate Location	Meich Joracon 15,346	Date there Mary 16 1946  Will Compath (dgy) (year)  horn  horn  M. Mauklin M.  Registra	Accident, aulcide, or homicide.  Where did injury occur?  (City or town)  Injured at home, farm, industry, gubilic place (where?)  Meana of injure of the farm, industry, gubilic place (where?)  Mana of injure of the farm, industry, gubilic place (where?)  Mana of injure of the farm, industry, gubilic place (where?)  M. D. or other	-46	

MAR 20 1946
BUREAU V. S.

VS A15

19. March 5 (Date rec'd by registrar)

# MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore (5)

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A.			-	9

Date signed And an

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County  City or town A Manager of M	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If oatside city or town limits, writs RURAL and give nearest fown)  Street No  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Colsman Hanlin	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced  Fernale White Prassed  6.(b) Name of husband or wife Charles Hanlin	MEDICAL CERTIFICATION  20. DATE OF DEATH Masch 5 1946, 21 P.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) January 6, 1894.	and that I last saw h.C. alive en the control to the control of th
8. AGE: Years Months Days It less than one day  29 hrs. min.  9. Birthplace Lillmany allegany Co. Pold.	Cairione Johnson
10. Usual occupation Andrew Construction of the second occupation occup	Due to.
12. Name Blungarmin Coleman  13. Birthplace Dang Mat Pear Longcoming	Other conditions (Include pregnancy within 3 months of desth)
14. Maiden name Lawalanda Poland 15. Birthpiace Farm, new Baston	Major findings of operations
16. Informant Landson Handing Address Jagracoung, and	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which?)  Cemetery or crematory AMMA  (Burial, crematory AMMA)  (Burial, crematory AMMA)	Z2. VIOLENCE: If death was due to external causes, fill in the tollowing;      Accident, suicide, or homicide
Location Musicus, Political	Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?
Address Janua Oning, Man	23. SIGNATURE Herry by Hvdg or M. D. or other

Address..

Registrar

WAR 9 1946 BUREAU V. S.

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ADING INK. Supply every item of information carefully. The co-Physicians: please write the causes of death clearly and legibly.

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PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (167)

OF DEATH

Reg. Dist. No.

CERTIFICAT	TE OF DEATH Reg. Di
1. PLACE OF DEATH:  County.  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Row tong in above place of death?  Hospital, institution, or street address where death deturred:  How long in hospitat or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantagive residence of mother)  State
3. (a) FULL NAME Edward Harvey =	Hast 3. (6) Socia 214-6
Male White Widowed  Widowed	MEDICAL CERTIFICAT  20. DATE DF DEATH. March 15th.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I a
11. Industry or business General Couracte Works  12. Name	Dither conditions
16. Informant & Call Hasto Address 50 7 Decater St - Cumb. Tenf	Autopsy results NO SULOPSY PHYSICIAN: Please auderline the cause to which death should 22. VIOLENCE: if death was due to external causes, fill in the folio
Bate thereof (day) (year) Cemetery or crematory (and the control of the control o	Accident, sutcide, or homicide. accident  Where did injury occur? Cumberland. All  (City or town) (Count  tinjured at home, farm, industry, public place (where?)
19. March/19 46 Athanhler (Date rec'd by registrar)	Address Cumberland, Maryland,

1 4	3. (b) Social Security Number
tast	214-05-5062
MEDICAL C	CERTIFICATION P
20. DATE OF DEATH March 151	th., 19 46 at 9.30
21. I CERTIFY that death occurred on the date a	bove stated; that I attended deceased from
19	)1919
and thal I last saw halive on	1919
Immediate cause of death	fractured pelvis;
	19 days
Due to	
Oue to	
OUE (U	
Other conditions	
(Include pregnancy within 3	
Major findings of operations	
Autopsy results no autopsy	Bate of op
Autopsy results	which death should be charged statistically.

Cumberland, Maryland . Date signed.

R.R. Crossing

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

02229

	CERTIFICA	TE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH:  County Allegany Count  City or town Cumberland  (If outside city or town lim  How long in above place of death?  Hospital, Institution, or street address where de  Allegany Hospit  How long in hospital or institution?	its, write RURAL and give nearest town)  68 405 sath occurred: tal	City or town. (If outside city or town limit  Street No. 24 Thomas S	ts, write RURAL and give nearest town)  treet c LOCATION)
3. (a) FULL NAME			3. (b) Social Security Number
Mr. John Heier			220-07-6780
4. Sex 5. Color or race	8.(a) Single, married, widowed, or divorced		CERTIFICATION
Male White	Divorced	20. DATE OF DEATH March 20	10 46 at 6:20A
7. Birth date of	S.(c) If alive, give age 60 ye	and that I last eaw halive on	1. 4. 6. 10 May fr. 26 W. 18 4.
	17, 1877  Dave   If less than one day	Immediate cause of death	
8. AGE: Years Months	3hrsm	in Member	Marina Marina
11. Industry or business Empir	totionary Engineer		e C. V. Phund
13. Birtholace Cum be	rland, Md	Other conditions (Include pregnancy within a	3 months of death)
H 14. Maiden name Deceased	Elizabeth Betzold	Major findings of operations	
	rland, Md.		
16. Informant Carrie II		Autepsy results	
Address Comperland, Md.		PHYSICIAN: Please underline the cause to	The second secon
		22. VIOLENCE: tf death was due to external c	
(Burlal, cremation, or removal, Which?)	Date thereof Jake 4 22 194 (month) (day) (year)		
Cemetery or crematory The Lands # 3	Lutheren Cemetery	Where did injury occur?(City or town	
, ,	nd, Md.	Injured at home, farm, Industry, public place	(where?)
10.	1 ' /	Meene of injury	tnjured at work?
Address Complete Lake	al Light	23. SIGNATURE Rlow m	, Shuiler
19 March 22, 19 46	J. P. Mareklen, M. Regist	Address 41 huenst	M. D. or other  Date signed March. 2

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MAR 26 1946

BUREAU V.S.

				1
4	Rem	Diat.	No	_ /

CERTIFICAT	TE OF DEATH Reg. Dist. No
1. PLACE OF PLATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Err yewborn infants give residence of mother)  State
3.(a) FULL NAME  Malvina Louisa Heinrich	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Hintle Wildowed	MEDICAL CERTIFICATION  20. DATE DF DEATH March 28th., 19 46 at 9.3
6.(b) Name of husband or wife Pholophy Hussich	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) And 1879	and that I last saw h
8. AGE: Years Months Days It less than one day  4 27hrsmin.	Coronary Occlusion
9. Birihplaca (Town, county, and state)	Due to
10. Usual occupation. However, and Home	Due to
E 12. Name Charles Hisser	Dther conditions
13. Birthplace  14. Maiden name Many Blance  15. Birthplace	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant Prisos Gellian Hesser.	Antopsy results
Address  17. Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
Cemetery or crematory Int Olive Class	Where did injury occur? (City or town) (County) (State)  Injured at home, tarm, industry, public place (where?)
18. Funeral director annio Allini 9 me	Meens of Injury tnjured at work?
Man las marchalt	23. SIGNATURE CALLOS H. BOLLON M. D. or other
19 Nach 30 19 46 Ms 6. a. Manholy Register)	Cumberland, Maryland Date signed 3-28-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

.Date signed .. Allegany Uo.

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

porate limits MA	ARYLAND STATE DEPARTMENT OF HEALTH  2411 N. Charles St., Baltimore (B)
	CERTIFICATE OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH:  Gounty Glugary	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAI	State Mayland County allegary
City or town	City or town. Clif outside city or town limits, write RURAL and give nearest town)  Street No. 31.2. Garlos Are
How long In hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME Wallaging	Ambras e Halses / 3. (b) Social Security Number
4. See 5. Color agrace 6.(a) Single, marr	MEDICAL CERTIFICATION  Ale  22 PATE DE DEATH  MOTAL  24  1876  818
6.(b) Name of husband or wife	20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) fan 1 182	and that I last saw h
/ 4	If tess than one day  Works min.
9. Birthplace(Town, county, and state)	md Due to Mous Report - 29m
t0. Usual occupation	Due to Organia Heat Wising 79.
12. Name Jahn Hall	Diher conditions
14. Maiden name /C. athurine #10  15. Birthplace md	(Include pregnancy within 3 months of death)  Major findings of operations.
0- 111.	Date of op.
Address Essential and	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?)	(month) (day) (year) Accident, suicide, or nomicide
Gemetery or crematory. If Peter 4 P	Where did injury occur?
tocation Tay Man St. Funeral director Tay Man St.	Injured at home, farm, todustry, public place (where?)  Means of Injury Injured at work?
Address Emmerley	ad Med 23. SIGNATURE Shot I have
19 March 25, 1946. J.P. O.	Jamblia M. D. or other  Registrar Address Cours of Special Prof Bate signed 4

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

02232

2411 N.	Charles St., Baltimore 186-2
CERTIFIC	CATE OF DEATH
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Sumberland, Maryland (If outside city or town limits, write RURAL and give nearest town How long in above place of dealh?	State Maryland county Allegany Cumberland
Hospital, institution, or street address where death occurred:  Memorial Hospital	
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Nettie Hurdle  5. Color or race (6.(a)Single, married, widowed, or divorced	None
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Female   White   Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH March 31, 19 46 ,at 4:05 P
8.(b) Name of husband or wife Edre Hurdle	21. I CERSIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  August 7 1861	and that I last saw headlive on March 3 DURATION
8. AGE: Years Months Days If less than one day 24hrs.	Che myscarditi ?
9. 8irthplace Mary hand (Town, county, and state)  10. Usual occupation None	Due to factured ferry 44 da
11. Industry or business    12. Mame   William Small     13. Birlhplace   Maryland	Other conditions
# 14. Maiden name Unknown	(Include pregnancy within 3 months of death)
14. Maiden name Unknown 15. Birthplace Unknown	Major findings of operations.  Date of op.
16. Informant Memorial Hospital	
Burial Bate thereof Apr. 3,19  (Burlal, cremation, or removal, Which?)  Cemetery or crematory.  Oak Wood Cem.	
Richmond, Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Charles L. George	Means of Injury Collaboration Injured at work?
19. Abril 7 1946 J. P. Franklin, M. (Dayle rec'd by registrar)	23. SIGNATURE My D. or other My D. or other Date signed Date signe

APR 3 1946 BUREAU V.S. MARGIN RESERVED FOR BINDING

PLEASE

19. (Date rec'd by rogistrar)

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411

# CEPTIFICATE OF DEATH

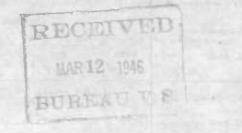
	N.	Charles	St.,	Baltimore	1940
--	----	---------	------	-----------	------

U	2	2	3	3

Cumberland, Maryland. Date signed 3-4-46

				,1
07.	Dist.	No.		4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County 71/egany	State M.d. County Allegary
ilty or town	
low long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
lospital, instilution, or street address where death occurred:	Street No. 628 Frederick of.
628 Frederick 5t	(If rural, give LOCATION)
fow long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
and the second s	
Theodone Sanfond Iauno  Sor   5. Color or race   6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
M W Married	_ 20. DATE OF DEATH / Jarch 4 19.46 21 9.3
8.(b) Name of husband or wife. Amanda Grass	
	19 10
7. Birth date of	and that I last saw halive on
deceased (ma., day, yr.) October 10, 1887	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Coronary Occlusion
58 4 24hrsml	
B. Birthplace Meri, Allegary Mary and	Due to
10. Usual occupation Carpenter	
	Due to
11. Industry or business Celanese Carp.	
12. Name Jesse Iames  13. Birthplace Allegong Co. Md	Other conditions
13. Birthplace Allegary Co. Md	(Include pregnancy within 3 months of death)
# 14. Malden name Mary Tames	
15. Birthplace Allegany Co. Md.	Major Budings of operations.
0/ 0/ 0	Date of op
16. Informant July as a Charles of Garage	Autopsy results. NO autopsy PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Countriland, Tud	
, , ,	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof Jack 4 (Month) (def) (year)	
Cemetery or crematory Gueenmount Cometery	Where did injury occur?
Location Cumberland, Md.	
	Means of Injury Injured at work?
18. Fuoeral director Astron Sp. Hafer	means of injury
18. Fuoeral director	



# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

U	NA	12	*		11
Reg.	Diat.	No.		1	7

Within con		CPARIMENT OF HEALTH
E 112 /		es St., Baltimore (42)
rect W	CERTIFICAT	TE OF DEATH Reg. Diat. No.
S. S. S.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
The libli	County allegant	(For newborn infants gife residence of mother)
. The collegibly.	City or town Cumberel Sundy Md.	State Maryland County allegand
nd nd	(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town Land and
efu a	Hospital, Institution, or street address where death occurred:	(Poutside city or town limits, write RURAL and give nearest town)
arl	705 Baker St	Street No. 705 Babau St. (If rural, give LOCATION)
on cole	How long in hospital or institution?	2.(a) If releran, name war
th	3. (a) FULL NAME	
VDING tem of information carefully causes of death clearly and	This Elite U.	3. (b) Social Security Number
nfo of o	4. Sex   5. Color or race   6.(a) Single, married, widowed, or diverced	12/8-16-3488
of i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MEDICAL CERTIFICATION
M m aus	Homale Colorial Ingle	20. DATE OF DEATH M CARCAL FOL 19 46 2/0- Am
- · ·	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I gitended deceased from
2 -		19.4.5, 10
OF ev ite	7. Birth date of	and that I last saw h. Reselive on
	deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
CRVED F	142 6	Carcination
RV Soles	The state of the s	A) Name (a serior to the serio
RESERVED INK. Suprians: please	8. Birthplace (Toyo, county, and state)	Due to
0 61	10. Usual occupation	Due to.
MARGIN F NFADING at. Physicis	11. Indostry or business	DUC 10
AI PH	12. Name Harry Co Jackson	Other conditions
MA) UNF, ant.	\$ 13. Birthplace and	
40	14. Maideo name Lena Cana	(Include pregnandy within 8 months of death)
WITH UNI	15. Birthplace	Major/findure of operations
	15. Birthplace	Date of op.
AINLY, especially	16. Informant Taly Co Delectron	Autopsy results
PLAINLY s especiall	Address Comberland	
A. A	17. /2mal Date thereof 3/25/46	22. VIOLENCE: If death was due to external causes, fill in the following;
111	(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
WRITE	Cemetery or crematory	Where did injury occur?
	Location Comperland	Injured at home, farm, lodustry, public place (where?)
-	18. Funeral director Aprilio Stern One	Means of Injury lojured phytork?
VS A15		11 N Rodaly MD
EAS	Address molling.	23. SIGNATURE
VS PL	18 mach 24 10 46 & F. Translin M. D.	Reland We M. D. gratley of Coff
	(Date rec'd by registrar) Registrar	Address Date signed

APR 3 1946
BUREAU

### MARYLAND STATE DEPARTMENT OF HEALTH

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Within com	Zimmer of the MARYLAND STATE DE 2411 N. Charle	PARTMENT OF HEALTH  oa St., Baltimore   O2235
Correct W		E OF DEATH Reg. Dist. No.
information carefully. The corror of death clearly and legibly.	1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death organized:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother)  State
ormat death	3. (a) FULL NAME Wis Emma Wat	ilda Keller 3. (b) Social Security Number
MARGIN RESERVED FOR BINDING PLAINLY, WITH UNFADING INK. Supply every item of inform sepecially important. Physicians: please write the causes of de	4. Sex  3. Color or race  4. Sex  4. Sex  4. Sex  4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorced  Wurdowed  6. (b) Name of husband or wife Heavy R Reller  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  8. Birthplace How the leaves of th	MEDICAL CERTIFICATION  2B. BATE OF BEATR
A15 EASE WRITE	(Burial, cremation, or removal, Which?)  Cemetery or crematory	Where did injury occur?
VS PL	(Date ree'd by registrar)	Address Malland Bate signed 9 - 45

MAR 20 1946 RURHAU V 5. MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNF. is especially important.

PLEASE

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimor CERTIFICATE OF DEATH

0	(97)	

Reg. Dist. No.

13	9	9	2	6
C	Per	1	U	9

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County aclegany	(For newborn infants give residence of mother)
City or town	State. County County
How long in above place of death?	(If outside city or town lights, write RURAL and give nearest town)
Hospital, Institution, as street address where death opcurred:	Street No. 11 Smith St
Sylvan attenty	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME O 1	3. (b) Social Security Number
Jank Frederick	Meller your
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Transed.	20. DATE OF DEATH 1700 4 15, 1946 at
a let	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of busband or wife	21. I GENTLY THAT BEZIN OCCUPED ON THE PARTY TO THE PARTY
7. Birth date of	and that last saw h Jan alive oo S. 13.4
deceased (mo., day, yr.) 0 ct 13, 1870	Immedia cause of death
8. AGE: Years   Months   Days   It less than one day	antituited
75 5 2hrsmin.	Tollast.
a many	- C 1
9. Birthplace	· Eleutaline
1B. Usual occupation. Coal as well relied	Due to latter polaris
11. Industry or business Opal Turnes	
E 12. Name Cottlieb Keller	Dither conditions
13. Birthplace & Germany	4
	(Include pregnancy within 3 months of death)
14. Maiden name Allelia Storish  15. Birthplace Germany	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant John Meller	Autopsy results
Address 4 29 Homes It Jumberland by	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17 Bural Bate there March 18, 19 46	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)	Acceptify agreed of Hamiltonian
Cemetery or crematory	Where did injury occur?
Location Cumberland wa	Injured at home, tarm, industry, public place (where?)
18. Funeral director John J. Mafler	Means of Injury   Iojured at work?
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7 I DADI.
Address Address Address	23. SIGNATURE.
19 March 19 46 VI tranklin	Remodel and 3.16.4
(Date Fee'd by registrar) Registrar	Address

MAR 26 1946
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3.

## CERTIFICATE OF DEATH

ODRITION	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	
City or town Rural near McCoole (If outside city or town limits, write RURAL and give nearest town)	State Md. County Allegany
How long In above place of death?	City or town XUXAL near McCOole (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. R#3 Keyser, W.Va.
400000000000000000000000000000000000000	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Rosetta Leota Knotta	
Rosetta Leota Knotts  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	
	20. DATE DF DEATH March 12, 19.46 at 9:45A.
6.(b) Name of husband or wife Lester French Knotts	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) It alive, give age 30 years	7 sle 1, 1946, 10 marsh 12 19 46
7. Birth date of deceased (mo., day, yr.) March 1, 1916	and that I last saw hell alive on Manual 19.4.6.
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
30 0 11hrsmin.	Outrong Internalists 3 yra
B. Birthplace Parsons, W. Va. (Town, county, and state)	Due to.
1D. Usual occupation Housewife	
11. Indostry or business	Due to
	-
E	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malden name Minnie A. Fortney 15. Birthplace Preston Co. W. Va.	Major findings of operations.
	Date of op.
19. Informant Lester F. Knotts	Autopsy results.
Address R#3 Keyser, W.Va.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial (Parial cremation, or removal Which?)  Bate thereof Mar. 14-46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (Connty) (State)
Demana W Vo	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director. N.H. Rogers	injures at notal
Address Keyser, W. Va.	2 7 7hll
May 12 ( Albayanhaber Mi	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Kerpely W Var. Bate signed 3 - 13 - 4

BUREAU T S.

within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 250 CERTIFICATE OF DEATH Reg. Dist. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION ARGIN RESERVED FOR BINDING mar. 2 and that I last saw handle on deceased (mo., day, yr.) 8. AGE: 1D. Usual occupation. 11. industry or business 12. Name..... 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name Major findings of operations ...... 2 15. Birihpiace 16. Interment. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: It death was due to external causes, till in the toilowing; (ponth) (day) (year) Accident, suicide, or homicide..... Where did injury occur? .....(City or town) Injured at home, farm, Industry, public place (where?) ..... Injured at work? Means of injury



# PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED

PLEASE

**VS A15** 

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 980

## CERTIFICATE OF DEATH

P. Dist. No.

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County  City or town (If outside city or town limits, write RERAL and give nearest town)  Sireet No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary M. Layma	3. (b) Social Security Number
4. Sex   5. Color or race   (a) Single, married, wildowed, or divorced   Wildowed	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace	Immediate cause of death DURATION  DURATION  Due to Chronic Mydearalle Server  years
1D. Usual occupation	Due to
12. Name	Dither conditions
14. Maiden name	Major findings of operatious
Address Cumberland Mil	Antopsy results
17. But and Carlot Bate thereof Mar 23-1946 (Month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or compalory  Location  Location	Where did injury occur?
18. Funeral director. Alking	Meens of injury Injured a) work?
2-2-2 UCDE March St. A.	23. SIGNATURE M. D. or other
(Date ree'd by registrar)  (Date ree'd by registrar)  (Date ree'd by registrar)	Address Front burg M4 Date sight -23-46



MARGIN RESERVED FOR BINDING

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

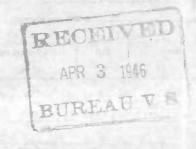
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- 3	6	Pa,		8	n.

# ODAN

## CERTIFICATE OF DEATH

	U	6	2	4	()	,
D	Dist	BI			4	_

			CERTIFIC	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF D	EATH: Alle	oran tr		2. USUAL RESIDENCE (HOME (For newborn infants give residence	) OF DECEASED:
County	Cami	nonlos	. d		County Allegany
City or town(Ii	outside city or town l	imits, write I	(URAL and give nearest town)		
	ce ot death? or street address where		?S.		and mits, write RURAL and give nearest town
			***************************************	Street No. 410 Lenion	St.
How long in hospital	or Institution?	**************	***************************************		
3. (a) FULL NAM					3. (b) Social Security Number
			aton Main		None
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL	CERTIFICATION
Female	White	7	idowed	20. DATE OF DEATH March	29, 19.46 at
6.(b) Name of husban	d or wife John	P. M	ain	21. I CERTIFY that death occurred on the date	above stated: that I ettended deceased from
			c) If alive, give ageye	January 5	19 4 6, to Mar 29
7. Birth date of deceased (mo., day,	1			and that I last saw halive on	march 25
8. AGE: Yea		Oays	If less than one day	Immediate cause of death	Maria Dui
7	6 8	9	hrs	in. Manual	Mys Corditos/
9 Birthniaea	Glascow	Scoti	ond.	Out to	
o. Diffipacc	(Town,	county, and s	and tate)	000 10	***************************************
10. Usual occupation.	nouse	wlie		Due to	
11. Industry or busine		Doho			
图 12. Name			n	··· Other conditions	
13. Birthplace	Scotl			(Include pregnancy within	8 months of death)
14. Maiden name			ompson	Major findings of operations	
≥ 15. Birthplace	Scotl	and			
16. Informant Mr.S	. Vm. Ha	ger	***************************************		
Address 410	Lehigh S	t. Cur	mberland, Md.	PHYSICIAN: Please underline the cause to	
n Buris	n, or removal. Which?)	Oate there	of <u>nr. 1.1046</u> (month) (day) (year)	22. VIOLENCE: It death was due to external	
	Ook Hi	Ll Cer	1.		
Cemetory or cremat	ory		***************************************	(City or town	
Location			1.d.	Injured at home, tarm, Industry, public place Means of injury	
18. Funeral director			eorge	means of injury	Injured at work?
Address	Cumber	and	113	176-1	cevaskis m.



ADING INK. Supply Physicians: please wr

important.

PLAINLY, V

PLEASE WRITE

17.

13. Birthplace

(Date rec'd by registrar)

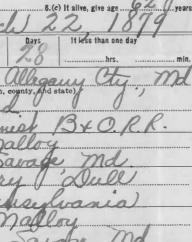
14. Maiden na 15. Birthplace

2411 N. Charles St., Baltimore 940)

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (It sutside city or town limits, write RUBAL and give nearest fown)  Street No.  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war

3. (a) FULL NAME	A m 11
Laurence	L. 10 alloy
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorged
Male White	married
B.(6) Name of husband or wife.	ie E. Malloy
7. Birth date of deceased (mo., day, yr.) March	122 1879
8. AGE: Years Months	Days It less than one day
66 11	/6  hrsmin.
9. Birthplac My Savage (	Olegany Cty Md
(Town, co	ounty, And state)
17071 to de	()



Address F	School I'm.	
Burish	Date thereof march 23 19	94
(Burial, cremation, or rem val. Which?)	(month) (day) (year	)
Cemetery or crematory Ar Call	ucks) (emeler	4
Location Zuch S	arage, Md	1
B. Funeral director	Queret	9
X/1-70	the ma	

Reg. Diat. No.

MEDICAL CERTIFICATION DURATION

(Include pregnancy within 3 months of death) Major findings of uperations .....

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the toilowing; Accident, suicide, or homicide ....

Where did injury occur? ...... (City or town) injured at home, farm, industry, public place (where?) ........ Means of injury Injured at work?



Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 02242 age 2411 N. Charles St., Baltimore 107 CERTIFICATE OF DEATH Reg. Diat. No. .... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Allegany (For newborn infants give residence of mother) County..... County Allegany Maryland Cumberland City or tow Ray Cumber Land, Leural
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: Rural # 5 Allegany Hospital (If rural, give LOCATION) information of death cles How tong in hospital or institution? 10 Hours 3. (a) FULL NAME 3. (b) Social Security Number Ronald MeKenzie None 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION BINDING Single Mala White 20 DATE OF DEATH March 24 19 46 45-56 AM 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife..... FOR 7. Rirth date of deceased (mo., day, yr.) June 26. 1945 OURATION It less than one day 8. AGE: Years RESERVED Cumberland, Allegany Co. Maryland (Town, county, and state) 10. Usual occupation..... MARGIN 11. Industry or business 12. Name...... Bernard McKenzie 12. Name..... Avilton. Md (Include pregnancy within 8 months of death) Violet Grove 14. Maiden name..... Major findings of operations.....

15. Birthplace Avilton. Md. Bernard McKenzie

(Burial, cremation, or removal, Which?)

Address Rt 5. Cumberland. Md. Oate thereof 3/26/46 (montb) (day) (year)

St Peter & Paul Cemetery

Cumberland, Md. William H. Kight 1B. Funeral director.....

Cumberland. Md. Address

23 SIGNATURE Registrar

PHYSICIAN: Please underline the cause to which death should he charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(City or town)

Injured at home, farm, Industry, public place (where?) .....

Accident, suicide, or homicide.....

Where did injury occur? ......

Means of Injury

M. D. or other

(County)

Injured at work?

APR 3 1946
BUREAU V B.

2411 N. Charles St., Baltimore 850

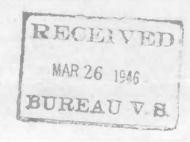
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CER'	TIFI	CATE	OF	DEA	TI	

	CERTIFICAT	St., Baltimore		. 0225	8
1. PLACE OF DEATH:	CERTIFICAT	2. USUAL RESIDENCE (HO	ME) OF	DECEASED:	······································
County (If outside city or town limits, write RURAL)  How long in above place of death?	and give nearest town)	State May Lass.  City or town (if outside city or Street No.	and Country Co	y Ul G	
How tong In hospital or institution?		2.(a) if veteran, name war	rural, give I		
3. (a) FULL NAME  Masy Poss 97	ichaels			3. (b) Social Security	Number
4. Sex B. Color pr rane 6.(a) Single, marrie	ed, widowed, or divorced	MEDIO		RTIFICATION	1530
6.(b) Name of husband or wife awrence	Thichaels	21. I CERTIFY that death occurred on	the date abov		
7. Birth date of deceased (mo., day, yr.) March 28	862 y	and that I last saw has loweralive of leath			
	ess than one day	cerebal News	in the engine	- L	
9. Birthplace Frank Sala Sett, Office (Town, county, and state)	Ind reas Bast	2 Lue to		,	
10. Usual occupation Annual House 11. Industry or business ON N from	18-	Due to		4	
12. Name Response	Un 1 81 P	Other conditions Blazer	· 0 0	silm-	
	halls	(Include pregnancy			
14. Maiden name Miss 15. Birthplace & ann Garrett, to	o. Ind. hear &	Major findings of operations		Date of op	
16. Informant Jehrs, Dan Jed Styres	vans	Autopsy results	cause to whi	ch death should be charged	statistically.
Address Bartyn, Ma	rarch 24, 1946	22. VIOLENCE: If death was due to	externat caus	es, fill in the following:	
(Burial, cremation, or removal, Which?)  Cemetery or crematory Auril Hill	(month) (day) (year)	Where did injury occur?(City			(State)
Location Moscourt on	Jed.	tnjured at home, farm, Industry, publi		ere?)	
18. Funeral director.	row	Means of Injury		Injured at work?	
Address Imacomin	g. ond	23. SIGNATURE LUNG	Mx.	Hodg M.D.	110 or other

MARGIN RESERVED FOR BINDING

VS A15



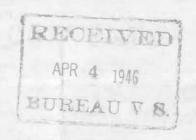
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CERTI	FICAT	E OF	DE.	TH

	TE OF DEATH  Per Diet No.	9
1. PLACE OF DEATH:  County  City or town (If outside city or own limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County Clif outside city or town limits, write RURAL and give nearest Street No. (If outside city or town limits, write RURAL and give nearest Clif outside city or town limits, write RURAL and give nearest Street No. (If rural, give LOCATION)  2.(a) If veleran, name war.	J town)
John Milford  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH March 31st., 19.46., 21.	P 5.40
8.(b) Name of husband or wife	and that I last saw halive on	19
8. AGE: Years Months Days If less than one day  6 S	Immediate cause of death Fractured skull  Due to	O minites.
10. Usual occupation	Due to	d
12. Name Helia Stahan  14. Maiden name Mellie Stahan  15. Birthplace Midland, And	both femurae (Include pregnancy within 3 months of death)  Major fisdings of operations	
18. Informant I terry milford Address Lunas army, my	Antopsy results. NO autopsy PHYSICIAN: Please underline the cause to which death should be charged stati	
17. (Burlal, cremation, or removal, Which?)  Cemetery or crematory. Data Hell Current  Location Laura and Location	Accident, suicide, of homicide	Md.
Address Lanca anning, mas  19. 4-2 19. (Date rec'd by registrar)  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Means of Injury struck by auto Injured at work? no  23. SIGNATURE  M. D. or of Address Cumberland, Waryland Date signed 3	



# PLEASE WRITE PLAINLY, WING LINK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

# CERTIFICATE OF DEATH



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	The state of the s	
1. PLACE OF DEATH: County WEsternport, Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	state Md. county Allegany	1000000000
City or town. Westernnort.  (If outside city or town limits, write RUNAL and give nearest town)  Now long in above place of death? 3 Yr.	City or towo Westernport (if outside city or town limits, write RURAL and give ocarest town)	
How tong in above place of death?		
319 Hammond St.	Street No. 319 Hammond (If rural, give LOCATION)	*******
How long in hospitat or institution?	2.(g) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
John Jefferson Miller		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male   White   Widower	20. DATE OF DEATH Mar. 12 19. 46, at 11.	301
A 3 70° 17		OUA
6.(6) Name of husband or wife Amanda Miller	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from	16
	244	4.1
7. Birth date of deceased (mo., day, yr.) Mar. 7.1855.	and that I last can it	7.5
8. AGE: Years Months Days It less than one day		ATION
91 5hrs,min.	Chronic nefhette 2	4-
		-
9. Birlinglace New Germany-Garrett-Md.  (Town, couoty, and state)	Due ta Uremea 5 de	eys.
10. Usual occupationFarmer		
	Due to	***********
11. Industry or business    El   12   Name   Crispopher   Miller		
T 12. Name Not Vn Ostro	Other conditions	
	(loclude pregnancy within 3 months of death)	
E 14. Maiden name. Not Known	Major findings of operations.	
14. Malden name Not Known 15. Birthplace	Major indings of operations.  Date of on.	***********
Robert Willer		
Westernnort Md	Antopsy results	
AUDIESS	22. VIOLENCE: If death was due to externat causes, fill in the following:	
Burial (Burial, cremation, or removal, Which?)  Bate thereot Mar. 15, 46, (mooth) (day) (year)	Accident, eutcide, or homicide	
DI: 1 0		
outlierly of the same of the s		
tocalloo Westernport, Md.	Injured at home, farm, endustry, public place (where?)	
13. Fuoeral director Ellsworth S. Boal.	Means of injury Injured at work?	-
Address Westernport, Md	Morman Keener his	
13 - 11 Markan 16 - Q	23. SIGNATURE	*********
Date rec'd by registrar Registrar	Address Westerngrowt In a Date signed 3 -1 4	-46

RECEIVED

MAR 16 1946

BUREAU V.S.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)

## MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baftimore 92-CEDTIFICATE OF DEATH

			/
g.	Dist.	No.	0

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence uf mother)  State Md. County Allegany
City or town Rarton (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	State
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Norman Miller	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male   White   Single	20, DATE OF DEATH Mar. 3 146 25. 30A 1
B,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that f attended deceased from
7. Birth date of deceased (mo., day, yr.) Aug. 25, 1936	and that I last saw h
8. AGE: Years   Months   Days   It less than one day	Suda Cardilio, Cls -
9. Sirthplace Reynolds-Allegany-Md. (Town, county, and state)	Oue to
10. Usuat occupation. Student	Due to Ce utility Khaususalis
11. industry or business	Level
	Other Conditions
E 12. Name Edward S. Miller  13. Birthplace Westernport, Md.	
	(Include pregnancy within 3 months of death)
T 14. maiden name	Major fiedings of operations.
	Date of op.
18. Informant Edward S. Miller	Autopsy results.
Address Barton, Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial (Burlal, cremation, or removal. Which?)  18 Date fhereof Mar. 5, 46 (month) (day) (year)	Accident, suicide, or homicide
Cemefery or crematory Philos Cem.	Where did injury occur? (City or town) (County) (State)
Westernport, Md.	Injured at home, farm, Industry, public place (where?)
Ellsworth S. Boal	Means of Injury Injured at work?
18. Funerat director	total 1. a
Address Westernport, Md.	23. SIGNATURE M. D. ur uther
19. Live of 19. 46 Of Taymorport 11,	Address Westernsfort my Date signed 3/44
(Date rec'd by registrar) Registrar	Address

MAR 6 1946 BUREAU V.E.

MARGIN RESERVED FOR BINDING

WRITE

PLEASE

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



C	4	1	1	U
				4

CERTIFICAT	TE OF DEATH
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME Tura Susan Susin	da Willer 3. (b) Social Security Number
4. Sex  Jewale While Warred  6.(6) Name of husband or wife Walter Fruller  6.(6) Haller of deceased (mo., day, yr.)  May 16, 1872	MEDICAL CERTIFICATION  20. DATE DF DEATH.  21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from  23. 18. 4. 6. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
8. AGE: Years Months Days If less than one day 73 9 16 hrs. min.  9. Birthplace Balin Someset Co Ca 10. Usual occupation. House works	Due to
11. ledustry or business  12. Name Herman Martz  13. Birthplace Somerset Co Pao.  14. Malden name Sena Paittuer  15. Birthplace Somerset Co Pa	(Include pregnancy within 3 months of death)  Major findings of operations.  Bate of op.
16. Informant Walter F. Wiseen  Address 446 Central ane-Curst. And  17. Bursel  (Barial, cremation, or removal, Which?)  Cemetery or crematory Helanest Cemeters.	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Cumberland Tend  18. Funeral director School Hall Hall School Hall Hall Hall Hall Hall Hall Hall H	Injured at home, farm, lodustry, public place (where?)  Meaos of Injury  Injured at work?  23. SIGNATURE

MAR 12 1946 BUREAU V.B.

## MARYLAND STATE DEPARTMENT OF HEALTH

## CEDTIFICATE OF DEATH

correct age	2411 N. Charle	PARTMENT OF HEALTH  ea St., Baltimore PA  TE OF DEATH  Reg. Diat. No. 4
information carefully. The corror death clearly and legibly.	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland county Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)  355 Balto. Ave.  (If rural, give LOCATION)  2.(a) If veteran, name war.
ormat	3. (a) FULL NAME ANDREW J. MOONEY	3. (b) Social Security Number None
	4. Sex Male S. Color or race White Married Married	MEDICAL CERTIFICATION Mar. 19, 46 1:20 P
FOR B ly every write th	6.(b) Name of husband or wife. Johanna Dagnon Mooney  5.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 / 6, too Marie 19 / 6  and that I last saw h. Amalive on 19 / 6  Immediate cause of death DURATION
MITH UNFADING INK. Supp important. Physicians: please	71 0 2 hrs. min.  9. Sirthplace. Kings Co. Ireland (Town, county, and state) Retired Western Maryland 10. Usuat occupation. Railway Employee 11. Industry or business    12. Name	Bue to
VS A15  PLEASE WRITE PLAINLY, W is especially is	16. Informant Frank Litten  489 Goethe St. Cumberland, Md.  Address  17 Burial Date thereof Mar. 23, 1946  (Burial, cremation, or removal, Which?)  Cemetery or crematory St. Patricks  Location Cumberland Md.  16. Funeral director Charles L. George  Address 202 Greene St. Cumberland, Md.  19. March 2 1946 J. P. Jrauklin, M. Registrar  Registrar	Antopsy results PHYSICIAN: Please underline the cause to which death shoptd be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

MAR 26 1946
BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

7				ATE OF DEATH	* 4
How long in above place	any mierland utside city or town li of death? street address where morial H	death occurred	yland URAL and give nearest town)	City or town	of mother) Outly Grant ita, write RURAL and give nearest town) ve LOCATION)
3. (a) FULL NAM		orela	nd		3. (b) Social Security Number
4. Sex	5. Color or race		e, married, widowed, or divorced		CERTIFICATION
Female	White	Si	ngle	20. DATE OF DEATH	19. 46al 10:31
7. Birth date of deceased (mo., day,	Dana	8.(	c) I1 allive, give agey: 24 . 1945	are and that I last saw h	9 7 6 10 Mel 19
8. AGE: Years	Months 2	Daye 7	It less than one day	Immediate cause of death	
10. Usual occupation.  11. Industry or busines  12. Name	(Town, I	county, and nfant	Virginia state)	Due to	de Curletos 2 m
13. Birthplace 14. Maiden name. 15. Birthplace	Twile R	otruc		(Include pregnancy within	
16. Intermant Memorial Hospital  Address Cumbertand, Maryland  17. (Burial, cremation, or removel, Which?)  Pale thereof May 4 19 46  (Burial, cremation, or removel, Which?)			Maryland  (month) (day)/(year)	Autopsy results.  PHYSICIAN: Please underline the cause to  22. VIOLENCE: if death was due to external Accident, suicide, or homicide.	which death shoold he charged statistically. causes, 1111 in the following;  Date of
Cemetery or crematory. Moseland Ceyn.  Location. Has Bismasek W. Va.  18. Funeral director. Have Blaine, W. Va.  Address Blaine, W. Va.				Where did injury occur?  (City or town injured at home, farm, industry, public place Means of injury  23. SIGNATURE	

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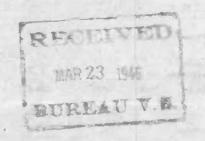
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/2)

# CERTIFICATE OF DEATH

N	We2250
务	Reg. Dist. No.

1. PLACE OF DEATH: Allegany County MC Coole					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. W. V.a. County. Grant				
									City or town (If outside city or town limits, write RURAL and give nearest town)
		eath? et address where			**********	City or town	ts, write RURAL and give nea	arest town)	
nospital, ilistituti	on, or stree	er wantess much	ueath occurred			Street No			
Ham land to bear	14-1 a. laaki	itution?		***************************************					
		110110117				2.(a) If veteran, name war			
3. (a) FULL 1	AME	David		Murphy			3. (b) Social Security 219-03		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced						MEDICAL C	ERTIFICATION		
Male	Male White Married				20. DATE OF DEATH March 18	146	4.30pm		
			-	hy		21. I CERTIFY that death occurred on the date at Larch 10 1946			
7. Birth date of deceased (mo., day, yr.) Aug. 14,1872					years	and that I last saw himalive onMa.p			
8. AGE:	Years	Months	Days	If less than one day		Myocardial Degen	erotion	8mo	
	73	6	4		min	aty ocal alan begen	CI d'I CIII .	OMO	
g. Birthplace Schell-Mineral-W. Va. (Town, county, and state)						Cardio Renal Disease, 2yrs			
10. Usual occupa	Fa		county, and s	atej		Arterio Schlerosis, 2yrs			
		***************************************	*********	*************		Due to	<b>y</b>		
11. Industry or bu		i am 1/112	anhar				••••••	•	
12. Name William Murphy 13. Birthplace Ireland						Or edema.		у.	
14. Malden name Not Known  15. Birthplace					(Include pregnancy within 8		-		
TO STATE OF THE ST	-	.amaq#a	******************	000001100110010000011110000101001010100101		Major findings of operations	••••••		
	Valt	er Muri	ahar				Date of op	**********	
16. Interment Walter Murphy					Antopsy results				
Address	MC	Coole,	Ma.					statistically.	
17 Rurial Date thereof Mar. 21, 46 (Burial, cremation, or removal, Which?)					22. VIOLENCE: It death was due to external ca				
(Burial, crem	ation, or r	emoval. Which?)	h Com		ar)	Accident, suicide, or homicide			
Cemetery or crematory Rehobeth Cem.					Where did injury occur?(City or town)	(County)	(State)		
Mt. Storm, W.Va.					Injured at home, farm, Industry, public place (v	rhere?)	60-000-00-068-00-050-00-00-00-00-00-00-00-00-00-00-00		
18. Funeral director Ellsworth S. Boal					Means of Lajury	Injured at work?	1-		
Address	We	sterno	ort. I	d.		1-AH	1010 71	5	
12.		id	1985 mg	Asstro Rom	2293	23. SIGNATURE Va	M. D.	or other	
(Date rec'd by registrar)  Registrar					Address	finia cionad	3/20 46		



## MIDWILLID OF OTE DEDIDERENT OF HELITH

cor perate limits	2411 N. Charle	es St., Baltimore	02251	
	CERTIFICAT	E OF DEATH	Reg. Dist. No.	
1. PLACE OF DEATH: County City or town City or town limits, write F How long in above place of death? 3	RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State		
How long in hospital or institution?	<u>E.</u>	Street No. 2 2 Bec	al, g(y) LOCATION)	
3. (a) FULL NAME James	Win. My	erel	3. (b) Social Security Number 219-03-8141	
4. Sex S. Color of race 6.(a) Single White	le, married, widowed, or divorced		L CERTIFICATION	
8. (b) Name of husband or wife	Hutton (c) If allve, give age 4.6 years		date above stated; that lattended deceased from	
7. Sirth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days	8,1906	and that I last saw h	grand January 19	
How long in above place of death?	allegany G And	Due to Danie		
	Parlway Ingers.	Other conditions	s wife	
13. Birthplace  14. Maiden name  15. Birthplace  18. Informant  Address 2 2 Bedfood St  17. Surra  (Burial, cremation, or removal, Which?)	ues Geardal	(Include pregnancy wi	thin 3 months of death)	
18. Informant Zuro Selmant St. Address 2 2 Bedfall St.	4. 28 yers	Autopsy results	se to which death should be charged statistically	
17	reot //a/ch 19,1946 (month) (day) (year)	22. VIOLENCE: It death was due to exte	Date ot	
Location	d, ged o	Where did injury occur?(City or injured at home, tarm, industry, public p	lace (where?)	
18. Funeral director	I ful:	Means of Injury  23. SIGNATURE	I diem A	
19. March 19,19 46 X. f	. Tranklein M. L. Registrar	Address 4 Lean	M. D. oother Date signed	

VS A

MAR 26 1946
BUREAU V.S.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St.,

Baltimore	(46-0)
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# CERTIFICATE OF DEATH

	()	Z	Z	5	2	d
Reg.	Dia	t. ľ	No.			7

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Stale County Allegans Stale City or town (If outside city or town limits, write RURAL and give neurest town)  Street No. 619 Falt No. Alle (If rural, give LOCATION)		
How long in above place of death?  Hospital, Institution, or street address where death occurred:  619 Fair View AVE			
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Tames Edward N:	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Marrie d	MEDICAL CERTIFICATION  2D, DATE OF DEATH. 1976		
8.(b) Name of husband or wife Carolye 7. Nixon  8.(c) If allive, give age 53 yes  7. Birth date of deceased (mo., day. yr.) August 15, 1889  8. AGE: Years Months Days If less than one day  56 7 16 hrs. m	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  20. 19.4.5. to 22.1.19  and that Hast saw h. 22.1.2 alive on 3 3 1/4 5 19.  Immediate cause of death. DURA		
9. Birthplace Oldtown Torylond  10. Usual occupation Omner & Operator  11. Industry or business Woodworking plant  12. Name Harrison Nizer	Due to  Due to  Page 10  Due to		
12. Name Harrison YiZon  13. Birthplace Md.  14. Malden name Larinia Barth  15. Birthplace Md.	(Include pregnancy within 8 months of death)  Major findings of operations.		
16. Informani Zufasa Canadaga Zingara Address Canadaga Zingara	Autopsy results		
17. Burial Date thereof April 3.1946. (Burlal, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Location Camp berjand, Md	Where did injury occur?		
18. Funeral director Forties To Italian	Means of injury injured at work?		



correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

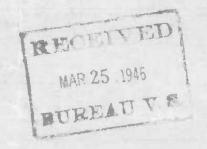
2411 N. Charles St., Baltimore 109

## CERTIFICATE OF DEATH

02253

Reg. Dist. No.

1. PLACE OF DEATH:  County Clagany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State County Celle guest		
(If outside city or town hinds, write RURAL and give nearest town)	City or town le was last 2 miles the		
How long in above place of death?	City or town		
mospiral institution, or street address where death decurred.	Street No		
	(If rural, give LOCATION)		
How long in hospital or institution? 5	2.(a) If veteran, name war		
3.(a) FULL NAME Lostly alberta.	3. (b) Social Security Number		
4. Sex 5. Color or race 6.40) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White married	20. DATE OF DEATH March 19 19 16, 21 3 5 M		
B. (b) Name of husband or wile By and Settembring	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	10 11 1946, 10 March 18 44		
T. Birth date of	and that I last saw h. Sw. allve on		
deceased (mo., day, yr.) Jan. 5 th. 1920	Impediate souse of death		
8. AGE: Years Months Days If less than one day	Bilatual Fungus GWKs		
23 2 14hrsmln.	premonia		
9. Birthplace Collaboration and state)	Due to. Sale Supert Suggestion		
10. Usual occupation January	Due to.		
11. Industry or business			
12. Name. Tank Yunnand Tank 13. Birihplace Belle Day	Diher conditions		
	(Include pregnancy withiu 3 months of death)		
14. Malden name Colombia Start	Major fiudiugs of operatious.		
\$ 15. Birthplace Centherant by	Date of op.		
16. Informant Mrs. Towards Statement of the second of the	Autopsy results		
Address Enelshart mines hid	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
10	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or remoyal. Whioff?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Lech hast Cemethy	Where did injury occur?		
f (1, t)	Injured at home, farm, industry, public place (where?)		
Location Ale Melder S. Specific States S.	Means of injury Injured at work?		
18. Funeral director.	Means of Injury		
Address frestlying his	23. SIGNATURE Hilda Jansheltsey M.V.		
19. 3 - 2 2 19 Comes Many & Registrar)	Address - 205 Base Date signed 3/2/1/46		



2411 N. Charles St., Baltimore (23.2)

02254

### CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cumbonland	370 - 37
City or town	State Maryland County Allegany
Now long in above place of death?	Il City or town O ddistrict I ddid
Nospital, institution, or street address where death occurred: Memorial Hospital	Street No. 301 Mass. Ave.
Memorial Hospital	(If rurn), give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
John D. Redhead	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or dis	MEDICAL CERTIFICATION
Male White Widowed	
	20. DATE OF DEATH
6.(b) Name of husband or wife Louise Redhead	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
7. 8 irth date of	years March 3 1946, to Hearch 11 1946
1. 8 orth date of deceased (mo., day, yr.) July 26, 1865	and that I last saw harmallye on Heaven 1946
8. AGE: Years   Mooths   Days   If less than one day	Immediate cause of death
80 7 13hrs.	min
	Constate Mayores Note
9. Birthplace New York (Town, county, und state)	Due to
10. Useal occupation Retired	
11. Industry or business Miner	Due to
	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Barbara Connor  15. Rightholage Ireland	
2 15. Birthplace Ireland	Major findings of operations.
Momonial Hagnital	Date of op.
	Antopsy results
Address Cumberland, Md.	
Burial Burial (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day)	
Cemetery or crematory Otter Bein	(City or town) (County) (State)
Location Stoyestown, Penna.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Charles L. George	Means of injury Injured at work?
Cambon and Ma	
Dha. 1 10 10 10	23. SIGNATURE LIM CLESS Keen IL
19 March 12, 1946 J. P. Oranklin	M. D. or other
(Date rec'd by registrar)	Registrar Address 49 Meeul A Daie signed 3-11-46

VS A15

WRITE

PLEASE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MAR 20 1946 BUREAU ( &

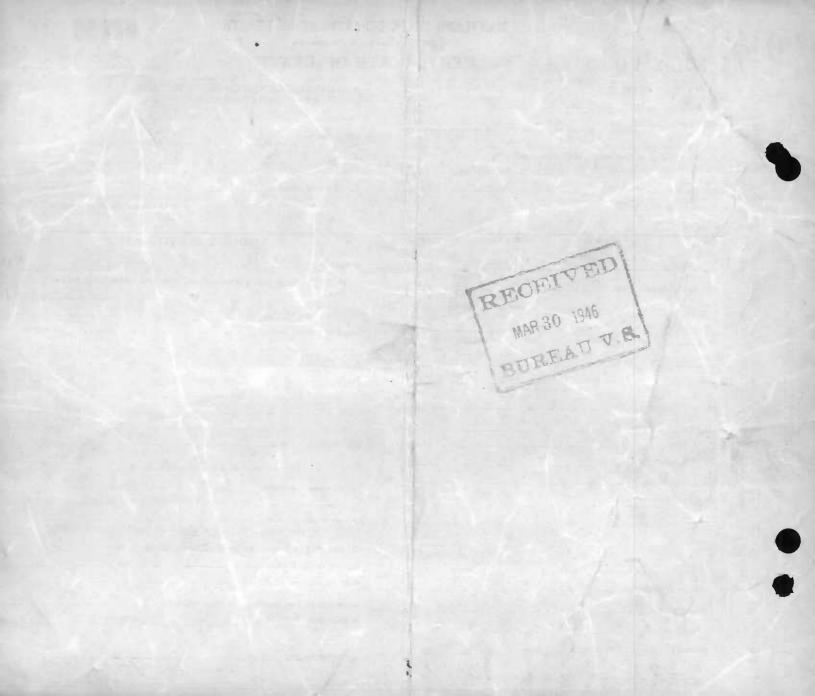
1. PLACE OF DEATH: Allegany		2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State Maryland County Allegany  City or town Frostburg  (If outside city or town limits, write RURAL and give nearest town)		
Cliy or town. Irostburg (If outside city or town limits, write	RURAL and give nearest town)			
How long In above place of death?				
Hospilal, Institution, or street address where death occurre		Street No. 102 Center St. (If rural, give L		***************
How long in hospital or institution?		2.(a) It veteran, name war	***************************************	
3. (a) FULL NAME Launcelo	t Cleavert Rich	nardson	3. (b) Social Security  none	Number
	rie, married, widowed, or divorced	MEDICAL CE	RTIFICATION	about
Male   White	Married	20, DATE OF DEATH March 29th	19 46	, 11 P
6.(b) Name of husband or wife Annie Ric	hardson	21. I CERTIFY that death occurred on the date above		
7. Birth date ot deceased (mo., day, yr.) August 5.	(c) It alive, give age	and that I last saw halive on		
8. AGE: Years Months Days 74 7 25	It less than one day	Fractured skull	at base.	DURATION Kille
9. Birthplace Eckhart Allegar (Town. county, and  10. Usual occupation Laborer  11. Industry or business WPA projec		Due to	in	
12. Hame George Richards	on	Other conditions (Include pregnancy within 3 me		
14. Malden name Roseann McDor 15. Birthplace Eckhart, Md		Major findings of operations	ration	
16. informant George Richards		Antopsy results no autopsy	Date of op 7	***************
Address Frostburg, Md		PHYSICIAN: Please underline the cause to which	ch death should be charged	statistically.
	reot April 1, 1946 (month) (day) (year)	22. VIOLENCE: if death was due to external cause Accident, suicide, or homicide	1t. Date of 3	-29-46 Md•
Location Frostburg. Md.		Injured at home, tarm, industry, public place (whe	re?) R.R. rig	ht of
18. Funeral director. J. J. Durs.	t.,	Means of Injury fall from cl	L 1 1 Unjured at work?	no
Address Frostburg Md.	Yavey H. Ros	23. SIGNATURE Pure. Cumberland, Mai	N. Norse	or other 3-30

MARGIN RESERVED FOR BINDING

right of way no

Cumberland, Maryland





|--|

# CERTIFICATE OF DEATH

	ocorpoi	2411 N. Charles			2411 N. Ch	DEPARTMENT OF HEALTH  parlea St., Baltimore (4)  ATE OF DEATH	02257	4
(M)	10	1. PLACE OF DE				(For newborn infants give residence	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	and legibly.	City or 10wn	Sitside etw for town		VEAL and the hearest town)	State MARYLAND County ALLEGANY City or town (If outside city or town limits, write RURAL and give nearest town)		
	arly	Nospital, Institution, or street address where death occurred:  IMEMORIAT HOSPITAL  How long in hospital or institution?					Street No	
	information of death cle	3.(a) FULL NAME MISS EMMA ROBB					3. (b) Social Security	Number
	में ह	4. Sex Female	5. Color or race White		e, married, widowed, or divorced	MEDICAL 20. DATE DF DEATH MARCH 4, I	CERTIFICATION	5 P.M.
m	every item of i	8.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated; that f attended deceaced from  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		
VED F	Supply everease write	8. AGE: Year 82	s Months	Days 26	If less than one dayhrs,	Droucho	Onemon	724
24	WITH UNFADING INK. important. Physicians: ple	9. Birthplace				Other conditions.  (Include pregnancy within	a 8 months of death)	
	PLAINLY, WIT is especially imp				<u> </u>	Aatopsy results	causes, 1111 in the following;	
9.45	WRITE F	Cometery or crema	toryFro	Allegan stburg,	y Cemetery Md.		Where did injury occur?	
Location Fros				lliam H	Kight	means of mary	1	

23. SIGNATURE

Address.

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consense is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

18. Funeral director...

(Date rec'd by registrar)

Address

Cumberland.

RECEIVED

NAR 12 1946

BUILDAU V 8

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cortis especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

02258

#### CERTIFICATE OF DEATH

Diat.	No. 4	
D.		

.Date signed ... 3/

			CLICITICA	TE OF DEAT	11	Reg. D	iat. No	
1. PLACE OF DE		Alle	gany	2. USUAL RESIDEN (For newborn Infa	CE (HOME) C	F DECEASED		
City or fown(11 c) How long in above place Hospital, Institution, or	Rure 1 # 1 a outside city or town 1 e of death?	Cumber imits, write I 10 Ye death occurre	rland Lurd RURAL and give nearest town) ars 28 Days	City or town Con (If outs)	Cumberl	and Lucas, write RURAL	and give near	est town)
How long in hospital or	r Institution?			2.(a) If veteran, name war			•••••	
3. (a) FULL NAM		nces M	axine Roberson				al Security N	umber
4. Sex	5. Color or race		le, married, widowed, or divorced		MEDICAL C			
Female	White		Single	20. DATE DF DEATH				af .10-30 A
	Fa3		c) If alive, give ageye y 23, 1936			20 /4 G	3/2/	19756
8. AGE: Years	Months	Days	If less than one day	**************************************	//			POLINTION
10	0	28	hrsm					***************************************
10. Usual occupation  11. Industry or busines  12. Name	Laurenc Ki: Mary Pa Laurenc	e M. R. rby, W Allen arsons e M. R	oberson . Va. . W. Va. oberson	Due to	Day of the first o	Casaliff of months of death)	Of op.	
17. Bus	# 1, Cumberial or removal. Which?	Date ther	, Md.  3/23/46  (month) (day) (year)  est Cemetery	22. VIOLENCE: If death  Accident, suicide, or homic  Where did injury occur?	was due to external cau	uses, fill in the fol	lowing; Date of	
Location	Cum	berlan	d, Md.	11				
			Kight	Meens of injury		Injured	af work?	
Address	Cumb				50 P/	10	1	
19. March (Date rec'd by re	2 1 19 4 6 gistrary		Franklin M. Registr	23. SIGNATURE	Bedfor	JGK	M. D. or	other 3/22/41

PLEASE

BUREAU V.S.

2411 N. Charles St., Baltimore



## CERTIFICATE OF DEATH

02259

 Dist	No	4

1. PLACE OF DEA County	BERLAND , I strike city or town limit death?	mits, write R		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State MARYLAND County ALALEGANY City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 23 NEW HAMPSHIRE (If rural, give LOCATION)  2.(a) It veteran, name war.		
MEMORIAI	HOSPT	ral				
3. (a) FULL NAME					3. (b) Social Security Number	
MRS.C	ERTRUDE	ROWL	EY		More	
4. Sex FEMALE	5. Color of race WHITE		e, married, widowed, or divorced		ERTIFICATION IS A.M.	
6.(b) Name of husband		6.(	HLEY c) It alive, give ageyears 1889	21. I CERTIFY that death occurred on the date about 23 4 4 19 19 19 19 19 19 19 19 19 19 19 19 19	ve stated: that I attended decessed from	
8. AGE: Years 56	Months 4	Days 7	It less than one dayhrsmin.		DURATION DURATION	
	SEAMI MEMO DHN DOMAT EST VIRG	TRESS ORIAL THE THE STUM	HOSPITAL	Other conditions  (Include pregnacy within 3 m	mon of fragely	
17	IEW HAMPS  or removal. Which?)  Rose H  umberland,	Date ther  III Ce  Md.  III, IA	IC.	Accident, suicide, or homicide	ses, till in the tollowing;	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

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#### MARYLAND STATE DEPARTMENT OF HEALTH

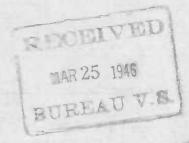
2411 N. Charles St., Baltimore /244

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0	-	Per	C	U	4

CERTIFICA	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Far newborn infants give residence of mather)  State Maryland County Allegany  Cumberland  (if or town (if antiside city or town limits, write RURAL and give nearest town)  31 Boone St.,  (if rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Samuel Harry	an) Kusslin 705-09-8684
male Morte Midowed  B. (b) Name of husband or wife margaret B Daily	MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
7. Birth date of deceased (mo., day, yr.)	and that last saw h
8. AGE: Years Months Bays   Il less than one day	Impediate cause of death DURATION
76 4 12hrsmin.	drihosis ) Kuur / m
9. Birthplace Martinsburg, W. Va.  (Town, county, and state)  10. Usual occupation. Boilermaker  11. Industry or business B&O RR, Retired.	Bue to Bu
12. Name Harrison Russler 13. Birthplace West Virginia.	Other conditions
14. Malden name Angelina Freeze West Virginia.	(Include pregnancy within 3 mnnths of death)  Major findings of operations.
16. Informant Harry Hess Address 31 Boone St., Cumberland, Md.	Antopsy results
17: Burial Date thereof 19 MAR 1946 (Burial, eremation, nr remnyal, Which?) Cemetery or crematory Hillcrest Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Cumberland, Maryland.	Injured at home, farm, Industry, gubic place (where?)
18. Funeral director Louis Stein, Inc. Address Cumberland, Md.	Means of Injury Injured at work?
19. March 19, 19 46 J.P. Franklin, M.D. Registrar	23. SIGNATURE M. D. or other M. D. or other

WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED PLAINLY, v is especially WRITE

PLEASE





4898-46-50

on carefully. The c clearly and legibly.

information of death clea

important.

1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

02261

CERTIFICATE OF DEATH

ь				
ч	R	-	у.	1

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town)

3. (b) Social Security Number

DURATION

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH ... 21. I CERTIFY that death occurred on the date above stated; that I altended deceased from

(If rural five LOCATION)

(Include pregnancy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death abould be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide,....

Where did Injury occur? ...... (City or town)

Injured at home, farm, industry, public place (where?) ......

(County)

Means of Injury

injured at work?

.Date signed ...

BINDING FOR RESERVED

How long in above place of death? Hospital, institution, or street address where death occurred: Kow long in hospital or institution 3. (a) FULL NAME 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 1D. Usual occupation 11. Industry or business 13. Birthplace 14. Malden na 15. Birthplace 14. Malden name (month) (day) Imelen Address (Date rec'd by registrar) Registrar

MAR 12 1945

Within corporate limits

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

important.

PLAINLY, V is especially

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MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (RAZ)

Immediate cause of death.

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Diat.	No	4

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			CERT	TIFICATI
1. PLACE OF DEA				
CountyALLE	THE PERSON NAMED IN COLUMN			
	utside city or town limi		and give near	rest town)
Hospital, institution, or	of death?	DAY		*****************
MEMORI How long in hospital or	٦	DAY	***************************************	
3. (a) FULL NAME				
SEEDE	RSA, JOHN	MM. JR.		
4. \$ex		6.(a)Single, marr	ied, widowed, or	divorced
MALE	WHITE	INFA	NT	
B.(b) Name of husband	or wife		•••••	
7. Birth date of	<u> </u>		ve, give age	yeara
deceased (mo., day, y	1.) Janus	aly 4,	1946	
8. AGE: Yeara	Months	Days If	less than one da	min.
3	doct of	hoo	100	nd
9. Birthplace LUN	(Iowii, co	anty, and state	. Co,, 1	1.161.
10. Usual occupation	INFANT		***************************************	**************
11. Industry or business				
12. NameSE 13. Birthplace	EDERS, JO	HN WM.	SR.	
13. Birinplace	Coites	Quan	rita	
14. Maiden name	MD.			
16. Informant	EMORTAL H	SPITA	<u></u>	
Address	CUMBERLAN	D, MD.		
17 Qurial (Burial, cremation	or removal, Which?)	Date thereof	(month) (d	ay) (year)
Cemetery or eremato	- I Drier	O. RA		
Location	Janes 1	V Time	Pan 2	
1B. Funeral director, J		Paren	1	
Address 1	12- 111	1000	6 61	· 5m (
19 Merel	19 46	7. T. O	saure	un Illin

	RESIDENCE (HOME wborn infants give residence		
State	ID.	County	XLLEGANY
City or town	CORRIGA (1f outside city or town )		TILE
Street No	(If rural,	give LOC	ATION)
2.(a) if vetera	n, name war		
		3	3. (b) Social Security Number
			Mono
	MEDICAL	CERT	<b>CIFICATION</b>
	MEAD OF	2	AC TO MO

20 DATE OF DEATH MAR a 31 19 46 at 12 NOG 21. I CERTIFY that death occurred on the date above atated; that I attended deceased from mar 31 DURATION

(Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Where did injury occur? .....(City or town) (Coonty)

tnjured at home, farm, Industry, public place (where?) injured at work? Meana of Injury

23. SIGNATURE.



2411 N. Charles St., Baltimore Wa

M) get	CERTIFICAT	E OF DEATH Rog. Diat. No. 4
information carefully. The corror of death clearly and legibly.	1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For Thewborn infants over residence of mother)  State  County  City or town  (If outside city of town limits, write BURAL and give nearest town)  Street No. 2  (If rural, give LOCATION)  2.(a) It yeteran, name war.
informations of death	3. (a) FULL NAME    Solor or sace   6.(a) Single/married, widowed, or divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION
ERVED FOR BINDING. Supply every item of please write the causes	6.(b) Name of husband or wife	20. DATE OF DEATH
RESF G INK cians:	9. Birthplace Cumberland Ind.  10. Usual occupation. One	Due to.
MARGIN ( WITH UNFADIN important. Physi	11. Industry or business    12. Name	Cther conditions
9-45 WRITE PLAINLY, is especially	Address  11. Date thereof (month) (day) (year)  Demetery or crematory (Mark)	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
VS A15 9-45 PLEASE WRIT	Location Small Combination 18. Funeral director Sissification Services Share Services 19. March 30, 19 46 Pravelin, M.D.  (Date rec'd by registrar)  (Date rec'd by registrar)	Injured al home, tarm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  M. D. or settings  Address  Date signed

APR 3 1946
BUREAU V B

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PLEASE

Location ....

18. Funeral director.

#### MARYLAND STATE DEPARTMENT OF HEALTH

Ch 1	6.	D-44!	6
Charles	St.,	Battimore	93.0

MENT OF HEALTH Battimore 932	02264
OF DEATH	Reg. Dist. No.
SUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED: of mother)
MARYLAND	county ALLEGANY
town CIMBERLAI	its, write RURAL and give nearest town)
	AVE.
If veteran, name war	
	3. (b) Social Security Number
	577-14-3439
MEDICAL	CERTIFICATION
TE OF DEATH MARCH 13	19.46 ., at 7:13 A
CERTIFY that death occurred on the date :	above stated; that I attended deceased from
nat i tast saw halive on	9. 10 7/3/4b 19 3/15/40 19
dista same of doub	DURATION

proporate limits	ARYLAND STATE DEPARTMENT OF HEAL 2411 N. Charles St., Battimore CERTIFICATE OF DEATH
1. PLACE OF DEATH:  County ALLEGANY  City or town. CUMBERLAND.  (If outside city or town limits, write RU  How long in above place of death?  Hospital, Institution, or street address where death occurred:  MEMORIAL HOSPITAL  How tong in hospital or institution? 2 DAYS	State MARYTAND  City or town CIIMB  (If outside city
3. (a) FULL NAME	
GEORGE SHAFFER  4. Sex   5. Color or race   6.(a) Single.	narried, widowed, or divorced MED
MALE WHITE M	ARRIED 20. DAYE OF DEATHMARCI
8. (b) Name of husband or wife	f alive, give age
9. Birthplace NARYLAND (Town, county, and str	Due to
10. Usual occupation	
12. NameHAROLD SHAFFFR	Other conditions
14. Maiden name	(Include pregnate Major findings of operations
16. InformantMEMORTAL HOSP	
Address CUMBERLAND,  17 Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory. Zion Memoria	Mar. 16,1946  Z2. VIOLENCE: If death was due Accident, suicide, or homicide

Bedford Road

Charles L. George

Cumberland, Md.

MARRIED	20. DATE OF DEATH
JONES	21. I CERTIFY that Meath occurred on the date above stated; that I attended deceased from
	3/1 / 6 18 10 7 3 / 5 19 19 and that it tast saw h alive on 3/15/4 9 18
Days tiless than one day	Immediate cause of death
13min.	Lieud
nty, and state)	Due to.
O WORK	Due to
FER	Other conditions
PORTER AND	(Include pregnancy within 3 months of death)  Major fiadings of operations
HOSPITAL	Actopsy results
ND, MD, Date thereof Mar. 16,1946	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide
(month) (day) (year) norial Burial Park	Where did injury occur?
Road	Injured at home, farm, Industry, public place (where?)
L. George nd, Md.	Means of tnjury Injured at work?
Jos P. Franklin M.D.	Address Date signed Date signed

VS A15

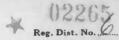
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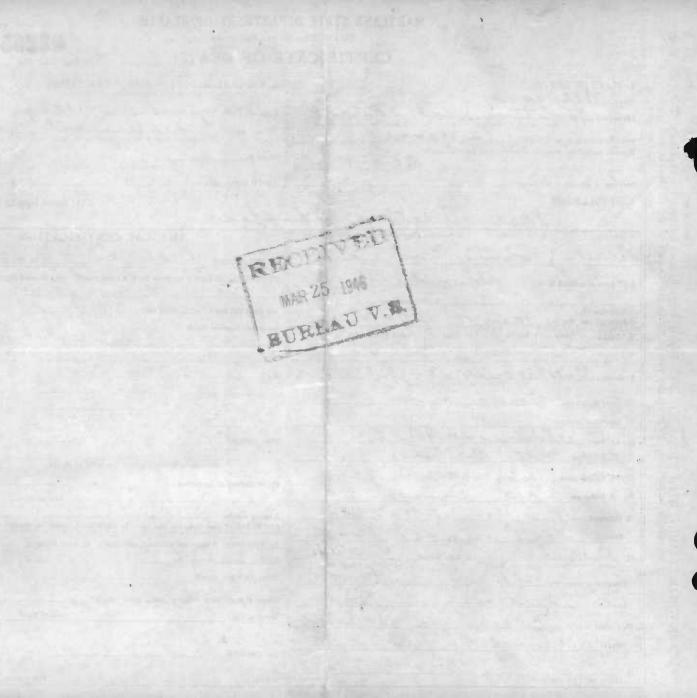
BUREAU V. 8

2411 N. Charles St., Baltimore (230)

### CERTIFICATE OF DEATH



1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECLASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME  The same Adelines Sh	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Temale white married	20. DATE OF DEATH Mar. 20 19 4 6, 21 6 19 11
8.(b) Name of husband or wife Alaud Sloffer  8.(c) If alive, give age 6 years  7. Birth date of deceased (mo., day, yr.) May 14, 1870	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from  Moreh 1946, to Moreh 1946  and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate canse of death DURATION DURATION
9. Birthplace. Cattle Orange, Barge, Kenterke, (Town, Junty, and state)  18. Usual occupation	Due to.
11. Industry or business  12. Name	Diher conditions
14. Maiden name and Daylor  15. Birthplace Not Rnown	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Mas Javie ather	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bertial Bate thereof 3/23/46 (Burlal, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory Ohlas Cemetery	Where did injury occur?
18. Funeral director. Eleseworth & Boal	Means of injury Injured at work?
19. (Date ree'd by registrar)  19. (Date ree'd by registrar)	23. SIGNATURE Section of Many M. D. or other  Address Tedmont Bate signed 3/2 3/4.



2411 N. Charles St., Baltimore



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#### CERTIFICATE OF DEATH

			U	4	6	U	1)
					1		
Re	og.	Dist.	N	0			

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
Mary Emma Sigler	3. (b) Social Security Number
Female   5. Color or race   8.(a) Single, married, widowed, or divorced   White   Widow	MEDICAL CERTIFICATION  20. DATE OF GEATH Mar. 1 1946 21 5P. M
8.(6) Name of husband or wife James Sigler  7. Birth date of deceased (mo., day, yr.)  May 24, 1861.	21. I CEHTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.6.  and that I last saw it a alive on Jeb 22. 19. 19.
8. AGE: Years   Mooths   Days   It less than one day   7   It less than one day   7   Mooths   7	Immediate sause of death Duration  Outside Conflict Vanuary 7
9. Birthplace	Due to
14. Malden name Marcellenia Blakney 15. Birthplace Martinsburg, W. Va.	(Include pregnancy within 3 months of death)  Major findings of eperations.
Address Barton, Md.	Autopsy results
(Burial, cremation, or removal, Which?)  Cemetery or crematory.  Philos Cem.  War4, 1946  (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
Localloo Westernport, Md.  Ellsworth S. Boal.  Mesternport, Md.	Injured al home, tarm, fodustry, public place (where?)
19. (Date red'd by registrar)  19. 46 Abayanbakar Mil Registrar	Address The Lexical M. D. or other



Par III

#### MARYLAND STATE DEPARTMENT OF HEALTH

Trevaskis	2411 N. Cha	DEPARTMENT OF HEALTH rlea St., Baltimore 10 TE OF DEATH	()226°	4
	Maryland , write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of the control o	mother) Alle	geny
How long in above place of death?	h occurred: pital	Street No. 412 Holland S (If rural, give	treet	rest town;
How long in hospitat or institution?		2.(0) if veteran, name war	3. (b) Social Security	
	6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	00 115
Female White	Married	20. DATE OF DEATH March 16		at 5 • 57 P
10. Usual occupation Housewiff	aundry Co.	Immediate cause of death Respiration  Cardiac Failure  Oue to 13/lateral Tobar  and acute my  Due to Complication Se throat	Treumonia ocorditio	DURATION 2 day
f4. Maiden name Ella Ser West Vi	ginia  cheshire  rginia	Other conditions		
Memorial  Address Cumberlan  Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Hillcrest Location Cumberland, Ma	d, Maryland  Date thereof March 19, 1946  (month) (day) (year)  Burial Park	Where did injury occur?	Date of (County)	
18. Funeral director. William H.  Address Cumberland, D  19. March 19, 1946		23. SIGNATURE Cichard  Address Cumberland 1	W. Treva.	oles for other 3/10/4

RECEIVED

MAR 26 1946

BUREAU V.S.

correct age

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly-

important.

PLAINLY, vis especially

WRITE

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

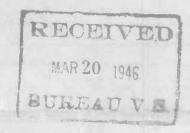
02268

#### CEDTIFICATE OF DEATH

e aux Date signed 5.9.46

CERTIFICA	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County City or town
How long in above place of death?  Hospital inaduction, or street address where death occurred:	City or town
How long in applital or positivition? 21 Clary	2.(g) If veleran, name war
3. (a) FULL NAME Hannah &	3.(b) Social Security Number
4. Sex 5. Color op race 6.(a) Single, married, widowed, or divorced  Hindle White Wadned	MEDICAL CERTIFICATION  20. DATE DE DEATH. STAN. 9 19 46 24
6.(b) Name of husband or wife Start A. Sunth	21. I CERTIFY that death occurred on the date above states, that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Sharch 16 1879	and that t bet sew held alive on
8. AGE: Years Months Days if less than one day  66 // 73hrs	Cardio dascula
9. Birthplace It was ship of the state)	Due to
10. Usuat occupation	Dué to
12. Name James Hamse.	Diher conditions 270 ve
14. Maiden name Lagrateth Carpy.  15. Birthplace	(Include pregnance within 8 months of death)  Major findings of operations.
Rutin With a de the	Date of op. 71 Dul
Address 142 Bedfind Sh.	Autopsy results.  PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory Rass Hill Smetters  Location Cymbridian W	Where did injury occur?
18. Funeral director Lavis Sting & The State of the State	Means of injury Injured 1 work?
Address Milliam Mill	23. SJONATURE 2 1 Villiam
19. (Date rec'd by registrar) 1946 K. Chaublin M. Registrar	add un leal and Die slened 5.9.4

Registrar Add



# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH How long in above place of death?..... Hospital, Institution, or street address where death occurred: Street No .. (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION deceased (mo., day, yr.) BURATION 12. Name...... 13. Birthplace (Include pregnancy within 3 months of death) 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide..... Where did injury occur? .....(City or town) Injured at home, farm, Industry, public place (where?) ...... Injured at work? Means of injury 18. Funeral director

PLEASE

especially

legibly.

of information carefully ses of death clearly and

8. AGE:

Address

RESERVED FOR BINDING

MARGIN

RECTITED 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases of death clearly and legibly.

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

02270

Rev. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	stete Maryland county Allegany
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town Cumberland (Rural) (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. R.D. /1 Box 349
Memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, neme wer World War 11
3. (a) FULL NAME	3. (b) Social Security Number
Russell Edward Smith	220-10-4120
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION A.
Male White Single	20. DATE OF DEATH March 12th., 19 46 at 12.35 m
8.(b) Name of husband or wife	21. I CERTIFY that deeth occurred on the date above stated; that I attended decessed from
	nears 19
7. Birth date of Ton 5 1010	end that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   if less than one day	Immediate cause of death OURATION
28 2 7hrs.	Fractured skull, 25 min.
	Parious robios
9. Birthplace	Due to
Lahor	
10. Usual occupation	Oue to
ti. Industry or business W. Md. R.R.Co. Shops	
Joseph Smith 12. Mama Joseph Smith 13. Birthplace West Va.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Teresa Tricht	Major findings of operations.
14. Maiden name Teresa Wright 15. Birthplace Maryland	Major findings of operations
18. Informant Mr. Joseph Smith	Autopsy results no autopsy
	DUVCICIAN. Places underline the cause to which death should be charged statistically.
Address R.D. #1 Box 349 Cumberland, Md.	
17 Burial (Burial, cremation, or removal, Which!)  Oate thereof Mar. 15, 1946 (month) (day) (year)	22. VIOLENCE: U death was due to external causes, till in the tollowing; under investigation  Accident, suicide, or homicide.  Accident, suicide, or homicide.
Cemetery or crematory Porter Cemetery	(City or town) (County) (State)
Location Near Eckhart, Md.	Injured at home, farm, industry, public piece (where?) street
18. Funeral director Charles L. George	Means of Injury auto accident Injured at work? no
Address Cumberland, Md.	Q
a. 1	M. D. or other
19 March 14.19 46. Jos. 1. Ordukun,	trar Address Cumberland, Maryland Date signed 3-13-46

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RUREAU V S.

### 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

\* 02271 Reg. Dist. No.....

County		
State.  State.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or team. (It contains et also are team into the state of the stat	County Clarify and	Sm t a allegame
Steel No.   Stee	City or town (If outside city or town limits, write RUCAL and give nearest town)	5-11
Siew long in hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  3. (b) Social Security Number  3. (b) Social Security Number  MEDICAL CERTIFICATION  20. DATE OF DEATH. Manual 27 19 46, at 18 28 20  3. (a) Signification of the shade of the date above stricted. That I altered deceased from the shade of death occurred on the date above stricted. That I altered deceased from the shade of death occurred on the date above stricted. That I altered deceased from the shade of death occurred on the date above stricted. That I altered deceased from the shade of death occurred on the date above stricted. That I altered deceased from the shade of death occurred on the date above stricted. That I altered deceased from the shade of death occurred on the date above stricted. That I altered deceased from the shade of death occurred on the date above stricted. That I altered deceased from the shade of death occurred on the date above stricted. The I altered deceased from the shade of death occurred on the date above stricted. The I altered deceased from the shade of death occurred on the date above stricted. The I altered altered to the shade of death occurred on the date above stricted. The I altered altered to the shade of death occurred on the date above stricted. The I altered altered to the shade of death occurred on the date above stricted. The I altered altered to the shade of death occurred on the date above stricted. The I altered altered to the shade of death occurred on the date above stricted. The I altered altered to the shade of death occurred on the date above stricted. The I altered altered to the shade of death occurred on the date above stricted. The I altered altered to the shade of death occurred on the date above stricted. The I altered altered to the I altered altered to the occurred on the date above stricted. The I altered altered to the occurred on the date above stricted. The I altered altered to the occurred to the date above stricted. The I altered altered to the occurred to th	How long to above place of death?	(If outside city of town limits, write RURAL and give nearest town)
Row fong in hospital or institution?  3. (a) FULL NAME  4. Sex  5. Color or race  6. Col. Single, mariet, widely or directed  MEDICAL CERTIFICATION  7. Borth date of certain or wife.  7. Borth date of certain or wife.  8. ACE: Tears Months  9. Birthplace  10. Usual occupation.  11. Industry or business  12. Birthplace  13. Birthplace  14. Malen name.  15. Birthplace  16. Informant  17. Birthplace  18. Informant  19. Which is months of death)  19. Birthplace  10. Usual occupation.  11. Reservation, or removal. Whigh?  11. Birthplace  12. Birthplace  13. Birthplace  14. Malen name.  15. Birthplace  16. Informant  17. Birthplace  18. Informant  19. Which is months of death)  19. Birthplace  19. Color, or comoval. Whigh?  19. Birthplace  10. Usual occupation.  10. Usual occupation.  11. Reservation, or removal. Whigh?  12. Birthplace  13. Birthplace  14. Malen name.  15. Color, or removal. Whigh?  16. Date thereof life date.  18. Malen name.  19. Color, or removal. Whigh?  19. Birthplace  19. Color, or removal. Whigh?  10. Date thereof life date.  10. Usual occupation.  11. Birthplace  12. Remain or removal. Whigh?  13. Color of the male date and the children or hemicide.  14. Malen name.  15. Color, or removal. Whigh?  16. Date of op.  17. City or fown)  18. Colorty (State)  19. Fueral director  19. Fueral director  19. Fueral director  19. June 19. Color of which and a state of the color		
3. (b) Social Security Number  4. Sex  5. Color or race  6. (c) Staget, married, wideysid, or divorced  MEDICAL CERTIFICATION  70. DATE OF DEATHS. MCD. 27 7 19 46, st  8 27 19 47 1		
4. Sex S. Color or race 8.(a) Single, married, widging, or divorced MEDICAL CERTIFICATION  5.(b) Name of hisband or wife S. (c) It alive, give age year deceased (mo. day, yr.)  7. Birth date of deceased (mo. day, yr.)  8. AGE: Years Months Days If less than one day Imagine cause of death occurred on the date above stated; that I stateded deceased from 15 / 12 / 12 / 12 / 12 / 12 / 12 / 12 /		
6.(b) Name of husband or wife.  20. Date of DEATH.  21. I GERTIFY that death occurred on the date above stated; that I altended deceased from the death of the date above stated; that I altended deceased from the date above stated; that I altended deceased from the date above stated; that I altended deceased from the date above stated; that I altended deceased from the date above stated; that I altended deceased from the date above stated; that I altended the date above stated; that I altended the control of the date above stated; that I altended the date abo	& award & Si	
6.(b) Name of husband or wife  5.(c) Haller, give age  7. Birth date of deceased (mo, day, r.)  8. AGE: Years Months  9. Birthplace  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  15. Birthplace  16. Informant  17. Birth death occurred on the date above stated; that I attended deceased from 19. Information 19. Informatio	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Second content   Seco	m w	20. DATE OF DEATH March 27 19 46, at 8 B
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  10. Usuat occupation.  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  Address  16. Birthplace  17. While in name  18. Birthplace  18. Informant  18. Birthplace  19. Jan.  19. Due to.  19. Jan.  19. Jan.	6 (h) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
18. AGE: Years Months Days It less than one day    Solid Companies   Solid Companies	/* /	- / 1/1
8. AGE: Years Months Days If less than one day    Months   Days   If less than one day	7. Birth date of	and that I lead be a limited and the lead of the lead
9. Birthplace		7:17
9. Birthplace	74hrsmin.	
10. Usuat occupation   11. Industry or business   12. Name   13. Birthplace   14. Malden name   15. Birthplace   16. Informant   15. Birthplace   16. Informant   16. Informant   17. Malden name   18. Informant   18. Informant   18. Informant   19. Info	a Bulliana Unknown	
11. Industry or business    12. Name	(Town, county and state)	
12. Name	10. Usuat occupation	
14. Maiden name (Include pregnancy within 3 months of death)  15. Birthplace  16. Informant (Burial, cremation, or removal. Which?)  17. Control (Burial, cremation, or removal. Which?)  18. Funeral director (City or town)  19. 3 - 3 - 19. 4 August Mankly (Mankly)  19. 3 - 3 - 19. 4 August Mankly (Mankly)  19. 3 - 3 - 19. 4 August Mankly (Mankly)  19. 3 - 3 - 19. 4 August Mankly (Mankly)  19. 3 - 3 - 19. 4 August Mankly (Mankly)  19. 3 - 3 - 19. 4 August Mankly (Mankly)  19. 3 - 3 - 19. 4 August Mankly (Mankly)  19. 3 - 3 - 19. 4 August Mankly (Mankly)  19. 3 - 3 - 19. 4 August Mankly (Mankly)  19. 3 - 3 - 19. 4 August Mankly (Mankly)  19. 3 - 3 - 19. 4 August Mankly (Mankly)  19. 3 - 3 - 19. 4 August Mankly (Mankly)  19. 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	11. Industry or business for the X magazines	
[Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide.  Date of op.  Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Date of op.  (City or town) (County) (State)  Injured at home, tarm, industry, public place (where?)  Means of injury injured at work?  23. SIGNATURE.  M. D. or others	E 12. Name unhnouse	Other conditions
14. Maiden name  15. Birthplace  16. Intermant  Address  17. Characteristics  (Burial, cremation, or removal, Whigh?)  Bandance crematory  Location  18. Funeral director.  Address  19. 3 2 3 19 4 6 May Additive		(Include pregnancy within 3 months of death)
Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide	E 14. Malden name weeks were	
Address  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide	15. Birthplace	
Address  22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide	16. Informant Solve Cosquel	Antopsy results
Accident, suicide, or homicide	Address & Frontburg md	
Remaisers crematory.  Location  Address  19. 3. 2. 4. 19. 4. 2. 2. 19. 4. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	17 Cremation Date thereof Mills 28-1946	
Injured at home, tarm, industry, public place (where?)  18. Funeral director  Address  23. SIGNATURE  M. D. or others  M. D. or others	(Burial, cremation, or removal. Which?) (month) (day) (year)	
18. Funeral director.  Address  19. 3 - 2 & 19. 4 6 May Langue & Rose  19. 4 - 2 & 19. 4 6 May Langue & Rose  19. 5 - 2 & 19. 4 6 May L	Bandana crematory	
18. Funeral director  Address  23. SIGNATURE / La aus Malte M. D. or other  M.	Location full place of the location of the loc	
19. 3 - 28 19 46 Mes Hadely & Rose 23. SIGNATURE THE M. D. or other	18. Funeral director.	Means of Injury Injured at work?
19 3 - 28 19 46 Mes Hadely Strong En all m. D. or other 27/4	Address / Frostyung, M.d.	23 SIGNATURE HILLA ASSESSMENT SE, MI
	19. 3. 2. 8. (Date rec'd by registrar) 19. 46 Mus Hadey & Registrar	En 28 (10 2 21)



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correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CEDTICICATE OF DEATH

02272

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Reg.			-4
Reg.	Diat.	No.	 

CERTIFICAT	E OF DEATH Reg. Diat. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infant give residence of mother)	
Cily or town(If outside city or town fimits, write RURAL and give nearest town)	State Fund County allega City or town Twiggstown	T
How long in above place of death?	(If outside of or own limits, write RURAL and give heare) Street No. 7 2	town)
How long in hoolal or institution?	(If rural, give LOCATION)  2.(a) If veleran, name war	
3. (a) FULL NAME Clay Wilson	Stewart 3.(b) Social Security Num 214-05-	
4. Sex 5. Color or race (.(d)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Single.	2D. DATE DF DEATH March 23rd., 19.46, at.	8:35Am
S,(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceosed	
7. Birth date of	and that I last saw h	
deceased (mo., day, yr.) Mar 3, 1900	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	Coronary Occlusion	
46 0 20 min		
9. Birthplace Flutstone allegany Co. M.d.	Due to	
10. Usual occupation Shelpsing Dept Charles		
11. Industry or business Kelly Spandfield Fine 6	Due to	***************
12. Name John John John John John John John John	Other conditions	******
	(Include pregnancy within 3 months of death)	
14. Malden name	(Include pregnancy within 3 months of death)  Major findings of operations.	
15. Birthplace and Unknown	Major magngs of operations	
(1) 1.2 7/2.200	Astopsy results no autopsy	
18. Informant Published Control of Many	PHYSICIAN: Please nuderline the cause to which death should be charged statis	stically.
Address house 7 muberland, MC.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlal, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide,	
Cemetery or crematory. Helchest Cemetery	Where did injury occur?	tate)
Location Cumberland and	Injured at home, farm, Industry, public place (where?)	
18. Funeral director John Hafen.	Means of Injury Injured at work?	
Address Cumberland by	20 CONTROL PLANTS H. BOTHERY	w.D
10 March 25, 46 D. P. Chaublin M.S.	M. D. or of	-23-46
(Date rec'd by registrar) Registrar	Address Cumberland, Maryland Bato signed 3	2)-40

Address Cumberland, Maryland Bato signed.

APR 3 1946
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Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH Dr. Tolson correct age 2411 N. Charles St., Baltimore (5). CERTIFICATE OF DEATH Reg. Diat. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: County Allegany (For newborn infants give residence of mother) information carefully. The of death clearly and legibl State West Virginia County Hampshire Cumberland, Maryland
(If outside city or town limits, write RURAL and give nearest town) Green Spring
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: Memorial Hospital (If rural, give LOCATION) 7 days How long in hospital or institution?.... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number George R. Stewart 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION causes MARGIN RESERVED FOR BINDING Male 20, DATE OF DEATH March 12. White Widowed 146 10:25R 21. I CERTIFY that death occurred on the dale above, stated; that I attended deceased from 8.(b) Hame of husband or wife Fannie Lewis 19 14 10 3-12-Quiary deceased (mo., day, yr.) DURATION Immediate cause of death ...... 8. AGE: 75 ADING AND Physicians: ple 9. Birthplace West Virginia Hamy (Town, county and state) Unable to work 10. Usual occupation... 11. Industry or business 12. Name ...... important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden name... 15. Birthplace Memorial Hospital Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically. Cumberland, Maryland 22. VIOLENCE: If death was due to external causes, till in the following; Date thereof. Mary 15-46. (month) (day) (year) Forrest Where did injury occur? ...... (City or town) (County) Injured at home, farm, industry, public place (where?) ..... Injured at work? Means of Injury 18. Funeral director. w.va. 23. SIGNATURE.

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Within corporate finiti

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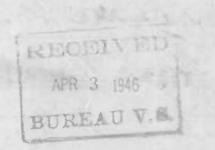
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

# CERTIFICATE OF DEATH

Date signed

	Reg. Disc. 110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Many	(h L ) // //
ty or town	State Office County County
ow long in above place of dealh?	(If outside city or topy limits, write RURAL and give nearest town)
ospital, Institution, or street address where death occurred	120112 0111-12-01
159/2 Mutre Sh	Street No. (If rural, give LOCATION)
low long in hospital or institution?	2.(a) If veteran, name war
B. (a) FULL NAME 10 11	3. (b) Social Security Number
Haza Messa.	Strong nove
4. Sex 5. Color outage 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Umale White Nomand	Mar 1 9-2 - 1/1 1/13/1
a Dit	2D. DATE DF DEATH TO 2 19 Cat 10 21
.(b) Name of husband or wife Lark Shrang	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 - 10
Birth dale of deceased (mo., day, yr.) Inne 76 1900	and that I last saw h
AGE: Years Months Days I fless than one day	Immediate cause of death
45 8 28 hrs.	Intrala - T
75 0 10	
Birthplace (Town, county, and state)	Due to.
11	I have to
D. Usual occupation.	Due to
1. Industry or business .	
12. Name to hanle It else.	Diher conditions
13. Birthplace	
14. Maiden name Irra Branch.	(Include pregnancy within 3 months of death)
	Major findings of operations
15. Birthplace	Date of op.
16. Informant mo home Willahl.	Autopsy results
Address 44 Bedford & Combi	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bright Can Act 1	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Itillereal Com	Where did injury occur?
Para Marland	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Armo Stem Jal	Moons of Injury Injured 2t work?
Address Cometer Land	Mad N. To
B. 1 5 11 1 0 2 11- 2	23. SIGNATURE
March 20,10 46 X. F. Oranblu Ol	M. D. or other
(Date rec'd by registrar) Regist	trar   Address



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Barrells ville near lut. Savag	estate Zud county allegary
(If outside city or town limits, write ftURAL and give nearest town)  How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, lostitution, or street address where death occurred:	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Mrs Jechie May 5	3. (b) Social Security Number
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale while swored	20. DATE OF DEATH. 1944 15 1846 21 1:00 17 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.4.6
7. Birth date of Way 4 1909	and that I last saw h. Malive on Minches 4 146
deceased (mo., day, yr.)  8. AGE: Years   Months ( ) Days   It less than one day	Immediate cause of death DURATION
36 10 11hrsmin.	Jak Landon Hall of the State of
9. Birthpiace Randolfel Co. W. Ta	Due to
10. Usual occupation	Due to
11. Industry or business	
12. Name James Win Carr 13. Birthplace Cardolle C. W. Va.	Dither conditions
14. Maiden name. Elizabeth Mich. 15. Birthplace Randolph Co. W. Va	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthplace Randolph Co. 45. Va	Date of op.
16. Informant Mrs Eliz Wegall	Autopsy results
Address ful Davage had.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or romoval. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Wel Davage Welliodist	Where did Injury occur?
Location ML Savage, Mad	Injured al home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
18. Funeral director.	no ma on' no
Address Cumberland Md.	23. SIGNATURE Den M. D. prother
19. / 17 19. 46 Jayones M. Mull Registrar	Address + breeneft Cumbelinate signed grant leglage

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MAR 26 1946

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## MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICA	ATE OF DEATH Reg. Dist. No
1. PLACE OF DEATH:  Gounty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County Home County Ho
3. (a) FULL NAME Charles Edward Tho-	3. (b) Social Security No
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH MOYEL
7. Birth date of deceased (mo., day, yr.) Tanuary . 1873  8. AGE: Years Months Days If less than one day	Immeltin cause of death
11. Industry or business W. M. Tr. Tr.  12. Name Emanuel E. Thampson  13. Birthplace	orxtomach
14. Maiden name Ellen Joeclman  15. Birthplace  16. Informant William He Buly  Address Common Land, Tapol.	(Include pregnancy fithin 3 months of death)  Major findings of operations.  Bate of op.  Autopor results.  PHYSICIAN: Please underline the cause to which death should be charged ste
11 Burial (Burial, cremation, or removal. Which?)  Oate thereof (month) (dws) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide

PLEASE VS A15

18. Funeral director.

Means of Injury

(County)

Injured at home, farm, Industry, public place (where?) ......

Where did injury occur? .....(City or town)

RECEIVED MAR 12 1946

MARGIN RESERVED FOR BINDING

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

# , 2411 N. Chartes St., Baltimore 80-2)

16		,
iat.	No.	 4

	PEPARTMENT OF HEALTH rlea St., Baltimore 800 (12278)	
CERTIFICA	TE OF DEATH Reg. Diat. No	4
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	
Hospital, Institution, or street address where death occurred:  Memorial Hospital  How long in hospital or institution?  9 DAYS	Street No	
TRAIL RENIAMIN H. MR.	3. (b) Social Security 705-07-6878	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced  MALE WHITE SINGLE	MEDICAL CERTIFICATION  20. DATE OF DEATH MARCH	
8.(b) Name of husband or wife	rs and that I last saw h	to./
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death	1 7/1
8. Birthplace MARVIAND  (Town, county, and state)  10. Usual occupation ETTRED ENGINEER  11. Industry or business  12. Name HUEY TRAIL  13. Birthplace MARYLAND  14. Maiden name RACHEL ROBERTS	Due to  Due to  Other conditions	
15. Birthplace MARYLAND  16. Informani Memorial Hospital	Major findings of operations	
Address Cumberland, Md.  17. Burial Date thereot 3/26/46 (Burial, cremation, or removal. Which?) Cemetery or crematory Hill Crest Cemetery Location Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged  22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide	statistically.
18. Funeral director William H. Kight  Address Cumberland, Md.  March 25, 19 46 J. P. Maukleir, M. A.  (Date ree'd by registrar)  (Date ree'd by registrar)	23. SIGNATURE Address Date signed.	17,5

APR 3 1946
BURLAU V.

Within corporate limits

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

## CERTIFICATE OF DEATH

Reg. Dist. No. .... 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) (If outside city or town limits, write RUBAL and give nearest town) (If rurai, give LOCATION)

3. (b) Social Security Number

Street No. 46 Brown

2.(a) If veteran, name war .....

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw be alive on.

(Include pregnancy within 3 months of death)

Major findings of operations.....

(County)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Where did Injury occur? .....(City or town)

tnjured at home, farm, industry, public place (where?) .....

Means of Injury tnlured at work?

23. SIGNATURE

1. PLACE OF DEATH: Allegany County..... Cumberland City or town..... (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... Hospital, Ingitution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 6.(b) Name of husband or wife..... ..... (c) If allve, give age ...... years 7. Birth date of deceased (mo., day, yr.) 8. AGE: reser 10. Usual occupation. 11. Industry or business 置 12. Name Charles H. Twigg Maryland ₹ 13. Birthpiace Susan Farlow 14. Maiden name..... Maryland 15. Birthplace 16 Informant Wiss Cora M. Twigg 125 Springdale St., Cumberland, Md Address

WRITE

BINDING

TARGIN RESERVED FOR

Cumberland, Md.

Cumberland, "aryland.

Louis Stein, Inc.

(Burial, cremation, or removal, Which?)

Burial

23 MAR 1946

(month) (day) (year)

Date thereof ....

Rose Hill Cemetery

Date signed

RECEIVED

MAR 26 1946

BUREAU V S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02280

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				1

		CERTIFIC	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:  County Allegany  City or town. Cumberland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 30 Yrs.  Hospilal, institution, or street address where death occurred:  1123 Bedford St.			City or town(If outside city or town limit  Sireet No	Allegany  Id  Is, write RURAL and give nearest town)  ed St. e LOCATION)
3. (a) FULL NAM	E			3. (b) Social Security Number
		lice Minerva Valen	tine	None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Female	White	Widowed	20. DATE OF DEATH March 3	, 1946 at 4 P.
5.(b) Name of husband or wife Frank B. Valentine Deceased 7. Birth date of deceased July 30, 1868			21. I DERTUFY that death occurred on the date above and that I last saw h. IT. S., allvo on	ovo stated; that lattended deceased from  4 2 to 64 04 19 49  10 19 40
deceased (mo., day, y		Days If less than one day	Immediate cause of deeth	
77	7	3 hrs.	nin. January	
The state of	Housew	artin	Due to	
			(Include pregnancy within 3 a	months of deeth)
14. Maiden name	Md.		Major findings of operations	
16. Informant		Valentine Va.	Autopsy results	
Burial Burial Date thereof Mar. 6, 1946 (Burial, eremation, or removal Which?)  Cemetery or crematory Rose Hill Cem.  Cumberland, Md.			Accident, suicide, or homicide	(County) (State)
18. Funeral director. Charles L. George  Address Cumberland, Md.  19. March 5 19 46 J. P. Trauklin, M. D.  (Date rec'd by registrar)  Registrar			Means of Injury  23. SIGNATURE  23. SIGNATURE	Injured at work?  M. D. grother
(Date rec'd by reg	ristrar)	Regist	rar   Address /	Date signed

VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 12 1946 RUPhat

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BUREAU V 8

# MARYLAND STATE DEPARTMENT OF HEALTH

02282

		,
Diat.	No.	4

porate limits		2411 N. Char	les St., Baltimore	at. No4
City or townCumber of the long in above place Hospital, institution, or AlleganyF.  How long in hospital or	egany	yland  Write RURAL and give nearest town)  th occurred:  umberland, Maryland  20 Minutes	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Pennsylvania county Bedf.  City or town Hyndman (If outside city or town limits, write RURAL  Street No  (If rural, give LOCATION)  2.(a) If veteran, name war.	rd
3. (a) FULL NAME Willis	am W. Warnke			o 7 - 5 3 8/
4. Ser Male	5. Color or race White	6.(a)Single, married, widowed, or divorced  Married	MEDICAL CERTIFICAT	rión
7. Birth date of deceased (mo., day, y	or wifs	Catherine Mason  6.(c) If allve, give age	21. I CERTIFY that death occurred on the date above stated: that I  3. 19.46, to  and that I last saw h. down alive on 3.14  Immediate cause of death. Shock	3-14 1946
9. Birthpiace	Retired	anty, and state) Chemist	Due to.	
12. Name	1/		Other conditions	of op.
16. Informant MP.S	Hyndman,		Autopsy results  PHYSICIAN: Please underline the cause to which death should  22. VIOLENCE: If death was due to external causes, fill in the fol	lowing;
Location H	or removal Which?)  XX  Hyndr  yndman, Pa  arvey H.  Hyndman	Zeigler	Accident, suicide, or homicide	Date of 3.13.446
	/ 19 4/6 gistrar)	Joseph O. In Alin M. X. Registra	23. SIGNATURE Ayroman Pa	M. D. or other  Date signed 3/5,76

MAR 20 1946 BUREAU V.B.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Hog

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF, DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	
City or town	State County County
How long in above place of death? 5 They	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 41 24 as all states
	Street Ro
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
200 - + 1	
4. Sex   5. Color or race   6.(a) Single, married, widowed, of divorced	he Marling 213-01-5941
4. Sex 5. Color of race 8.(a) Single, married, widowed of divorced	MEDICAL CERTIFICATION
Temale While Veryle	20. DATE OF DEATH. 20 19.46 at M
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
B.(6) Name of husband or wife	UNG 1945, 10 May 26 1946.
7. Birth date of	and that I last saw hall five on Day gray 22 1946
deceased (mo., day, yr.) Q 2 . 10 - 1888	Immediate cause of death
8. AGE: Years   Months   Days   It less than one day	lacerna of
57 5 /6hrsmin	
9 Birtholace Fresthing allegane Ind.	Due to.
9. Birthplace Town county, and states	yue tu.
10. Usual occupation Judget 1	Due to
11. Industry or business Department Store	Due 10
	All
12. Name Very Jasting	Other conditions
al 13. Birthplace or grand my	(Include programmey within 3 months of death)
E 14. Maiden name forther y stand that	Major findings of operations
2 15. Birthplace Frestlery by	Date of op.
16. Informant man January Sternant	Autopsy results.
14.9	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address TI maple of Ironling in	22. VIOLENCE: tf death was due to external causes, fill in the following;
17. (Burial, cremation, or removal, Which ) Date thereot. (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory	
Location Location	Injured at home, tarm, Industry, public place (where?)
18. Funeral director.	Mesns of Injury Integral at work?
Address Frankling had.	(astmol J-Man)
	23. SIGNATURE M. D. or other
10. 3 - 29 1046 ms. Havey & Roe	1 md 2-24-46
(Date rec'd by registrar) Registra	Address Date signed

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APR I 1946

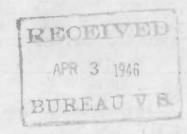
BUREAU V.B.

# Outside of

## MARYLAND STATE DEPARTMENT OF HEALTH

02283

I. PLACE OF DEATH:  County				Street No. Rura	fants give residence aryland Cumberl tside city or town lin l # 1, (lf rnral, g	of mother) County	Allegan	earest town)
3. (a) FULL NAME	tution ?		***************************************	2.(a) If veteran, name w	'ar		C - 1 C	A7 V
J. (a) I OLL HAML	Tan F	Blanche	e White			3. (0)	Social Security	Number
4. Sex   5. C	Color or race		e, married, widowed, or divorced		MEDICAL CERTIFICATION			
Female	White	1	Warried	2D. DATE OF DEATH				. 6-30
6.(b) Name of husband or wif  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years		6.(	c) It alive, give age45	and that I last saw h.Z  Immediate cause of de	allye on	9. , to	4	1919
49	3	12	hrs	in.	5322			
9. Sirthplace Flintstone, Allegany, Maryland (Town, county, and state)  10. Usual occupation Housewife  11. Industry or business			Due to.					
12. Name Joseph McCoy  13. Birthplace Flintstone, Maryland			Dther conditions				**	
14. Maiden name Lucy Wharton  15. Birthplace Flintstone, Md.			(Inclu-			******		
16 Informant Jesse	H. Whi	te						
16. Informant Jesse H. White  Address Locust Grove, Cumberland, Maryland			PHYSICIAN: Please un	nderline the cause to	which death	should be charged	statistically.	
Burial Date thereof March 26, 1946 (month) (day) (year)				miclde	•••••	Date ot		
Cemetery or crematory. Greenmont Cemetery								
Location Cumberland, Maryland				ndustry, public place		njured at work?		
18. Funeral director			Means of Injury	1	1	O O O O O O O O O O O O O O O O O O O		
TO. Editoral Director		Address Cumberland, Md.						



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## MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore

porate limits	MARYLAND STATE DI 2411 N. Charl	EPARTMENT OF HEA	LTH 	09964	
	CERTIFICAT	TE OF DEATH	Rei	(	4
1. PLACE OF DEATH:  Gounty	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State West Virginia County //inera/  City or town Ridgeley  (If outside city or town limits, write RURAL and give nearest town)  Street No. / Z Bridge  (Myural, give LOCATION)				
3.(a) FULL NAME White, Mrs. Zena /7a	· · · · · · · · · · · · · · · · · · ·			Social Security N 6 - 36 - 15	
4. Sex 5. Color or race 6.(a)Si	ngle, married, widowed, or divorced	ME	DICAL CERTIFIC		
Female White	Widowed Divorced	20. DATE DF DEATH		19.46	
8. AGE: Years Months Days 48 6 Z  9. Birthplace Tall 2272 (Town, county, ar	If less than one day hrs. min.  CAn. W. Va.	Immediate cause of death  Ventue enla  Bue to	- filu elel.	an .	DURATION S MARIE
10. Usual occupation Housework  11. Industry or business Own Som	16	Due to	myor	- Church	
12. Name Toban Jay de 113. Birthplace Unikuo	risi	Diher conditions	nancy within 3 months of de	eath)	***************************************
14. Maiden name Arhela 3m 15. Birthplace Parsons, W.	Va.	Major findings of operations		Date of op	-2-4
Address Wiley Ford, In	l, Va.	Autopsy results	the cause to which death s	should be charged a	statistics By.
17. Bate 1 (Burial, cremation, or removal, Which?)  Cemetery or crematory That CE	thereof. January 5, 1946 (month) (day) (year)	Accident, suicide, or homicide Where did injury occur?		Date of	(State)
Location Cumber 19 nd	7d	Injured at home, farm, industry, Means of injury	public place (where?)		
Address Churchefland	1 24d.	23. SIGNATURE.	Mino	4D	or other
19. MW. 5 1946.	Markler, N. D. Registral	Address	, tha	Bate signed	_

MAR 12 1946
BUREAU V

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

(For newborn lufants give residence o

(If outside city or town lim

422 Virginia

02285

H	Reg. Dist. No.
	E) OF DECEASED:
••••••	countyAllegany
erland,	Maryland limits, write RURAL and give nearest town)
Virgini (Ifrura	8. Ave.
	3. (b) Social Security Number
	214-10-5541
MEDICA	L CERTIFICATION

## CERTIFICATE OF DEATH

23. SIGNATUR

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) County Allegany Cumberland, Maryland
(If outside city or town limits, write RURAL and give nearest town) State Maryland City or town Cumberland. 30 years Hospital, Institution, or streef address where death occurred: 422 Virginia Avenue How long in hospital or institution?..... 2.(a) If veteran, name war..... 3. (a) FULL NAME OSCAR T. WHITLOCK 4. Sex 6.(a) Single, married, widowed, or divorced 5. Color or race Married Ma.le White 6.(b) Name of husband or wife Mrs. Ethelyn Whitlock 7. Birth date of April 13. 1878 deceased (mo., day, yr.) Months If less than one day 8. AGE: Davs 67 10 20 Capon Bridge W. Va.
(Town, county, and state) 10. Usual occupation Bus Driver (Retired) 11. Industry or business Potomac Edison Bus Co. E 12. Name Reeves Whitlock
13. Sirthplace Capon Bridge, W. Va. 12. Name Reeves Whitlock 14. Malden name Theresa
15. Birthplace CaponBridge, W. Va. 16 Informant Mrs. Ethelyn Whitlock PHYSICIAN: Please nuderline the cause to which death should be charged statistically. Address 422 Virginia Ave. Cumberland. Md. 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Burial Oate thereof March 6, 1946 (month) (day) (year) 17. Buriai, cremation, or removal. Which?) Accident, eulcide, or homicide..... Cemetery or crematory Rose Hill Cemetery Where did injury occur? .....(City or town) Cumberland, Maryland Injured at home, farm, Industry, public place (where?) ..... Means of Injury William H. Kight 18. Funeral director...... Cumberland. Maryland Address

21 DCERTIFY that death occurred on the date above stated: that attended deceased from (Include pregnancy within 3 months of death) Major findings of operations.....

important.

BINDING

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ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF is especially important.

PLEASE

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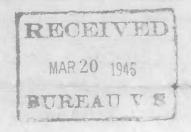
MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (374)

02287

CERTIFICAT	TE OF DEATH Reg. Diat. No. 4
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infauts give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No. D. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME mary & Winter	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION  2D. DATE OF DEATH.  MEDICAL CERTIFICATION  19 4 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  9. Birthplace (Town, county, and state)	Immediate cause of death.  Duration  Due to.
10. Usual occupation	Other conditions Chy . Repharition (Include pregnancy within 3 months of death)
14. Maiden name Sarah Combo  15. Birthplace  16. Informant Mantin Franks Ind.	Major findings of operations
Address  17. Date thereof (month) (day) (year)  Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, euicide, or homicide
18. Funeral director	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  23. SIGNATURE. At M. Cleaskers las
19 May . 12 146. Jos F. Oranglin M. Registrar	Address # 9 Encene 5t Date signed 3 - 11 - 46



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecuency is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-6)

02288

## CERTIFICATE OF DEATH

CERTITION	Reg. Dist. No.
1. PLACE OF DEALY:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	Street No. 4 4 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Bertha	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DE DEATH. MANCH 72 18.46 of 5 85 As
6.(b) Name of husband or wife	21. I CERTIFY that don't coursed on the date above states; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May # 1875  8. AGE: Years Months Days I fless than one day	and that I last saw h
70 10 16min.	of pelve ogang
9. Birthplace (Town, county, and state)  10. Usual occupation (Town, county, and state)	Due to Cooper
11. Industry or business at Jime 12. Name of the same	Due to.
13. Birthplace Sermany.	Other conflicts
14. Malden name Lizabeth Walssell.  15. Birthplace Germany	Major fiudiugs of operatious.  Date of op. 22224
Address Cresantonn Ind	Autopsy results
17. (Bufial, cremation, or removal. Which?)  Date thereot. 25 44 b (month) (day) (year)	22. VIOLENCE: It death was due fo external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funeral director as wis Stewn 2008	Means of Injury Injured at work?
Address Commbuland	23. SIGNATURE H. F. Syllians
19 March 2 4 19 46 X. P. Sravklin, M. D. (Date rec'd by registrar)  Registrar	Address Vumberland is signed 3/20/1/2



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 934

02289

## CEDTIEICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, instillution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or lown  (If outside city or towa limits, write RURAL and rive nearest town)  Streel No. 49  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME  4. Sex 1/5. Color or race 6.(a) Single, updaried, wildowed, or dispreed	3. (b) Social Security Number
Final White Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH MARCH 26 19 46, 21 / #
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 45, to 10 46  and that I last saw h 1 alive on 19 46
8. AGE: Years Months Days If less than one day  8. Birthplace	Immediate cause of death OURATION  Outer School Carlin -  Due to Serving
11. Industry or business  12. Name School Parkers  13. Birthplage	Other conditions
14. Maiden name Control Control	(Include pregnancy within 3 months of death)
18. Informant Mas Ger Teller	Major findings of operations.  Date of op.
Address, 89 V. Marie St. Jack Lag 21.  17. (Burial, cremation, or removal, Which?)  Oate thereof. 3 29-144 (month) (day) (year)	PHYSICIAN: Please underline the cause to which death aboutd be charged statistically.  22. VIOLENCE: if death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemelery or crematory Aleksana Commercial Co	Where did injury occur?
Location The Control of Tarket 18. Funeral director Jacob Tarket	Means of Injury Injured at work?
Address Thestling, 240	23. SIGNATURE A.G. Diell M.D.
19. 3-27 1946 Mus. Naucy V. Kog (Date ree'd by registrar) Registrar	Address Tosley M.D. or other  Address Date signed 27/46

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